VR A15 (4) 15M 9/60

MARVIAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF HEAL	un
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET	T, BALTIMORE 1, MARYLAND
6095	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH	DPAG

0033	CERTIFICA	IE OF DEATH		MRUSO
1. PLACE OF DEATH	THEM U FILM U	2. USUAL RESIDENCE (Where dece	esed lived, If Institution: Res	Idence before admission)
e. COUNTY		a. STATE	b. COUNTY	
Washington	MARYLAND	Maryland	Wash	ington
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	te limits, write RURAL end g	give neerest town)
Hagerstown	8 houses	Williamanant N	X (Ing s)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	Williamsport Address	a. ar	. IS RESIDENCE
		B #22	7	ON A FARM?
Washington County Ho	spital	Bower Ave #22		YES NO K
DECEASED		Lest 4. DATE OF		Day Year
(Type or print) Sarah	Lucretia Ar	nsparger DEATH	May 23	19 61
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	R DATE OF BIRZH	AGE (In years IF UNDER 1 YE	
77	WED DIVORCED	Feb. 25, 1881 Nay-23-1961	ast birthdey) Months 2e	Hours Min.
- 011112 10				
done during most of working life, even if retired)		TRY 11. BIRTHPLACE (County & Stete, or for		EN OF WHAT COUNTRY?
Housewife	Home	Wolfsville Md.	U	.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Simon P. Eccard		Effie Shuff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or detes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address 27 Bo	wer Ave.RF
NO NO CONTRACTOR DE LA	None Mr	Rollie A Arnspa	roer Land	wer Ave mr.
18. CAUSE OF DEATH [Enter only one cause p	per line for (e). (b), and (c).]		- Por MITTIE	INTERVAL BETWEEN
	tent onel enett	- Woent Discours W	1 + h	ONZEL VIND DEVIL
IMMEDIATE CAUSE (e) A L	cerroscreroci	c Heart Disease w	L 011	3 days
	ronary insuff			
Conditions, if any, which \ (b) HV	pertensive Ca	rdiovascular Dise	ase	7 yrs.
geve rise to immediate cause			3/194	
(e), steting the underlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
Diabetes Mellitus.	Pneumonitis.	left base.		YES NO K
20a. ACCIDENT WAS UNDERLYING 20b.		ED. (Enter neture of injury in Pert I or Pert II of	item 18.1	1 [] 42]
Diabetes Mellitus. 20a. Accident was underlying a contributing contributing contributing terminal representations of death (if either, notify medical examiner)				
20c. TIME OF INJURY Month, Day, Year 2		LACE OF INJURY (Home, ferm, 20f. (City o	r town) (County	y) (Stete)
ш	1110 - 1101 111110	ictory, street, office bldg., etc.)		
	work et work			
21. I certify that (I) (the XIX (III) at saw the deceased alive on May 2	lended the deceased from	May 20 1261 10 M	ay 23 , 190.	, that (I) (Ve) last
saw the deceased alive on Max 2	3 1961 and th	at death occured at	he causes and on the	date stated above.
22e. SIGNATURE				22b. DATE
		ATTENDING MED.	STAFF	SIGNED
//N.J. Joym		M.D. PHYS. X DIRECTOR		5-24-61
22c. PHYSICIAN'S W. T. Lay	man, M.D.	22d. ADDRESS 100 Prof	essional A	rts Bldg.
			wn, Marylai	
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY 23d, LOCAT	ON (City, town or county)	(Stete)
REMOVAL (Specify) May 27-67	Rosehill Ce		rstown Md.	
DUPLEL	LIOSCHITTI OF			
24 FUNERAL DIRECTOR'S SIGNATURE	2 ADDRESS	00011	AR 256. REGISTRAR'S SIC	GNATURE
Clock X reof a	wonspou	DATE MAY 26 '61	arthur ?	L
	4 /		- Ariz-um	To produce the same of the sam

Colores and Literature Color the standard transfer of the second of the second no in carcall dwarf altogether were no Same Posting of the Committee of the Com · Bille 7 levet stel .elsinoruan 7 .audillel .aabusi ment of the contract of the co CONTRACTOR TO SECOND

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	609	96 ME	DICAL	EXAMINER'S	CERTIFIC	AT	E OF D	HTASC		ng	080	1
	PLACE OF DEATH					IDENC	E (Where dec	eesed lived, If		esidence	before e	dmission
	1	Washingt		MARYLAND	e. STATE	ld.		b. COUN	TY Wa	a sh	•	
	b. CITY OR TOWN (if	foutside corporate lingive nearest town)	nits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If	outside corpor	rete limits, write	RURAL and	give no	erest tow	n)
	Hagersto		3514.4	45 years	3 Hage	erst	town					
			(if not in hospi	tel, give street address)	d. STREET ADD	DRESS						SIDENCE A FARM?
					211	E.	Washi	ngton	St.		YES T	NO X
	NAME OF	Fin	st	Middle	Lasi		4. DATE	Month		Day	Yeer	
	DECEASED (Type or print)	Cha	rles	Melvin	Baker		OF DEATH	Ma	ay 2,		19	61
5.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED 18	. DATE OF BIRTH		9.	AGE (In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.
	male	white	WIDOWED	DIVORCED X	Feb. 2,	191	16	45 yrs.	Months D	Deys	Hours	MIn.
	. USUAL OCCUPATION of working most of working			D OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE	(State o	or foreign coun	itry)	12. CITE	ZEN OF	WHAT	OUNTRY
90	trimme		sh	oe mfg.	Hagers	stor	wn, Md		U	SA		
13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN N	IAME					
		Albert B	aker				Ju	lia Wa	arner			
	WAS DECEASED EVE s, no, or unkown) (If			OCIAL SECURITY NO. 17. 1	NFORMANT		7 1 1 7	Address		12		
1.0	yes	WW II	21	4-09-5009	Mrs. Haz	ze1	Ecton	, Hage	ersto	wn,	Md.	
	18. CAUSE OF D	EATH [Enter only or	e cause per lin	e for (a), (b), end (c).]							RVAL BET	
		WAS CAUSED BY:	Cor	onary Thrombos	sis					days.	er and s	MAIH
	4201	DUE TO		0								
	Conditions, if any	, which) (E	Ath	erosclerosis,	Severe							
	gave rise to immedie	ete cause			-57010							
	(e), steting the un cause lest.	derlying (
×				RIBUTING TO DEATH BUT NO	T RELATED TO THE	TERMINA	AL DISEASE CO	ONDITION GIV	EN IN PART	1(e) 19		
ATIC	CAN DELL'									V	10000	RMED?
IFIC.	20e. EXTERNAL CA	USE WAS	20b. DESCRIB	E HOW INJURY OCCURED, (I	Enter neture of injury	In Part	I or Pert II of it	tem 18.)		1	2 00	140 LJ
CERTIFICATION	PRIMARY OF COL											
	20c. TIME OF INJUI	RY Month, Dey, Y	ear 20d. IN	IJURY OCCURRED 20e, PLA	CE OF INJURY (Hom	e, ferm,	: 20f. (City o	or town)	(Coun	ty)		(Stete)
MEDICAL	Hour e.m.		While et work	Not While fect	ory, street, office bld							
2	p.m.	at I took charge		ins described above, he	ald an Autoney [1 1	nspection [, Inquir		and i	n my o	ninion
13	death resulted for			Accident . Suic				etermined m		alla l	ii iiiy o	Dimon
	death teamled h	A Natural C	ansas X	Accident, Suic	CHIEF MED	-	_	eletimiled in	autuei 🔲			
	ACTUAL	15	1 8	1X 91					(7	TE SIG	MED
	SIGNATURE	N. Ze	2/2	W/	M.D.		CAL EXAMINER		3/	4/	SIE SIG	MED
7	EXAMINER'S NAME (Type)	D 12 111	The data	Too			EXAMINER 4		/	16	/	
22e	BURIAL, CREMATIO	N, 226. DATE THE	Ditto	2c. NAME OF CEMETERY OF			ty, town, or co	ON (City, town,	or country)		(State	e)
	REMOVAL (Specify) burial	May 5.	61	Rose Hill (lemeterv			stown				
23.	FUNERAL DIRECTOR		01	ADDRESS		REC'	D BY REGISTRA	R 24b. REGI	STRAR'S SIC			
	Scott F.	Minnich	& Son	, Hagerstow	vn, Md. DA	YAM	5 '61	an	chur S. t	Travel		

VS. A15ME 5M 7/59

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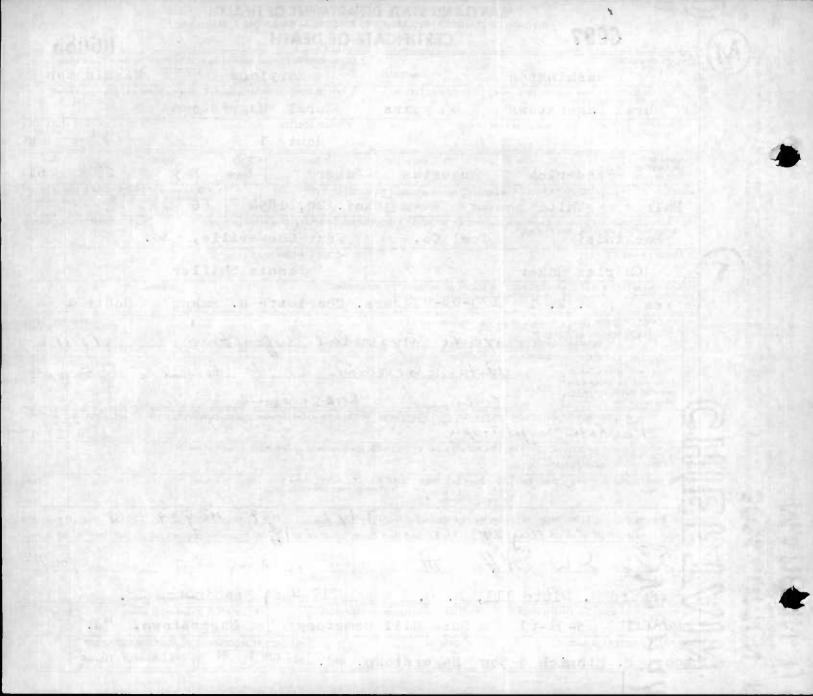
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06085

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) Rural Hagerstown 43 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS Route 1 Route 1
3. NAME OF First Middle OF OF CEASED (Type or print) Frederick Augustus	Baker 4. DATE OF DEATH May Day 1961
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White widowed Divorced	Nov. 20, 1894 9. AGE (In years left Under 1 YEAR IF UNDER 24 HRS left birthday) 66 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Machinist Tool Co.	USTRY 11. BIRTHPLACE (State or foreign country) Near Chewsville, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Baker	Fannie Shifler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19 yes, give war or dates of service) 173-03-0323 Mg	rs. Charlotte R. Baker Route 1
Conditions, if ony, which gove rise to immediate DUE TO	cardeal vifercteurs 15 Hu- notic blest disease 5 ym
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Part II of item 18.)
	PLACE OF INJURY (Home, farm, coctory, street, office bldg., etc.) (Caunty) (State
	death accurred at 1.42 M, from the causes and an the date stated above
22 STONATURE SING THE	M.D. ATTENDING MED. STAFF SIGNE 5/29/6]
22c. PHYSICIAN'S NAME (Type) Edward W. Ditto III. M. D.	217 West Washington St.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT121 5-31-61 Rose Hill	IN THE RESERVE TO THE PARTY OF
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerston	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM, md. DATE JUN 1 '61 Orthor S. Kraus

TO HOS VR A15 (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 6098 CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street addgess d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X and 4. DATE OF DEATH NAME OF Middle Month Year Doy filled DECEASED 191961 4MANDA BENDER Pages death. (Type or print) 21, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthday) Months DIVORCED WIDOWED | papers. af-100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TOUSE KEEDER RANK and pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WINGERD AVIN 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending CHAMOERSBUR NO please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 32-04Cho) davs DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), staling the underlying couse lost. burial-transit certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION crematian, PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) the 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram [1] 1. to 17am 21 ..., and that death accurred at Lam, from the causes and on the date stated above. 12 1961 saw the deceased alive an_ FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. pe M.D. CLA 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld MAME (Type) Wishinston St page 3 sh the State 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION. (State) REMOVAL (Specify) INCOL HAMBERSDURG 10 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR MAY 25 '61 arthur & Kraus 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

A THE WAR OF SHEET AND DESCRIPTION OF THE PARTY OF THE PA gara perci VIII AMINAA THE RESIDENCE WAS The state of the

TO HOS

VR A15 (4) 15M 9/59

6099

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06087

1. PLACE OF DEATH o. COUNTY	ngton		MARY	LAND	2. USUAL RESIDENCE o. STATE larylance		ed lived. If institut b. COUNTY a.Shir.		e befor	e odmissi	on)
RURAL ond give n		its, write	c. LENGTH OF STAY	IN 1b	102 77		orote limits, write l	RURAL ond g	ive near	rest town)	
Hagersto	TAL (If not in hospital,	nive street			d. STREET ADDRE	erstown	1			IC DECI	DENICE
OR INSTITUTION	Dowell Av		04010337			aDowel]	Ave			ON A	FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Мо	nth	Day	Y	'eor
(Type or print)	JACOB		SPENCER	E	BENNER	DEATH	May 1	196	1	1	9
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years		-	7	
Male	White	WIDOW	ED DIVORCE		August 1'	7 1877	lost birthdoy) 83 yrs.		Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZ	EN OF	WHATC	OUNTRY?
700 A A M 5 1	aker W.M.	R.R.	Retired	9	Thurmon	t Fred	Co Md.	J	JSA		
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME		7			
Thomas	Benner				Gather	rine Nu	namaker				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO	. 17. II	NFORMANT			dress			
(Yes, no, or unknown)	If yes, give war ar dates of	705	-10-5513	Min	s Virgin:	ia Benr	ner 429	LaDoy	wel:	1 A	re
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).	}	11 A 19 34	grstoy	m Ma.		INTE	RVAL 8E1	WEEN
PART I. DEA	TH WAS CAUSED BY:	A	Lasoca	PO	50 2/11	26×	1du	d	MN	100	DI
420:	DUE TO	110	7		- Corry				1111	100	11.5
Conditions, if o	eny, which)								10		
gove rise to i)	N. W. W. S. W.		/		,			1111	
couse (o), stoting lying couse lost.	the <u>under-</u>	r)									
Z PART II. OT	HER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(0) 19	. WAS A	UTOPSY
САТІС										YES	RMED?
(IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of inju	ry in Port I or Po	ort II of item 18.)				
20c. TIME OF INJUIT Hour o.m.	RY Month, Doy, Ye	-	NJURY OCCURRED		ACE OF INJURY (Home		ty or town)	(C	ounty)		(Stote)
Hour o.m.	19	While of wor	k of work			j., eic.)	-11	/_			
21. I certify the	at (1) (this hospite	1) attens	ded the deceased	frams	5////	19 , to	5///6	19	, the	ot (I) (v	we) last
saw the secea	sed alive	16	19 and	that o	death accur at at	6 HA, from	the causes a	nd on the	date	stated	abave.
220. SICOLATURE	int. 4	11	,/		ATTENDING	MED.	STAFF			22b	DATE SIGNED
22c. PHYSICIAN'S	TOUT.	10	muy		M.D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.			24.4	
NAME (Type)	ph F. Yo	ing	1		101 Eas	t Pota	mac st	will:		Md	And Andrews
230. BURIAL, CREMATIC			23c. NAME OF CEM	ETERY O			ATION (City, town,		20011	(Stote	
REMOVALISpecify	5/4/27		D- (/- 1) 12			77	The same of the sa	Wa ci	2 (•
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS 1	4	Jenetery 250.	REC'D BY REGIS	erstown STRAR 256, REG	ISTRAR'S SIG	NATUR		4
		Hab	erstown l	id.				11 . 9			

 ithin 24 hours after

death. Tage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit. TO HO death. 15M 9/60

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH BROSS 6100

1. PLACE OF DEATH					RESIDENCE (W				ce before	edmission)
a. COUNTY Was	shington		MARYLANI	a. STATE	Marylan		b. COUNT	Y Washi	noter	1
	outside corporete limit	rs,	c. LENGTH OF STAY IN 1		R TOWN (If outsi		nits, write			
wrife RURAL end	give nearest town)		T.C.		We was and			48		
Hagersto		f A i- h	Life pital, give street eddress)	d. STREET	Hagerst	OWN		V-	l - IC B	ESIDENCE
	County Ho				idinger	Ave.		1	ON	A FARM?
3. NAME OF	First		Middle	Last		ATE	Month	Day	Yea	ır
DECEASED (Typa or print)	Virgil		Mary	Bingama	n	еатн Ма	y	6		61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE	41 1 . 1 -	F UNDER 1 YEAR		R 24 HRS.
Female	White	WIDOWED		January	31, 1920	ריו	yrs.	Months Days	Hours	MIn.
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KII	ND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (County & S	tete, or foreign	country)	12. CITIZEN C	F WHAT	COUNTRY
Dishwash	king life, even if retire	d)	estraunt	Hager	stown, M			U.S.	Α.	
13. FATHER'S NAME				14. MOTHER	S MAIDEN NAME					
Milto	on Roser			Ma	rgie Tay	lor				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 17	. INFORMANT			Address			
(Yes, no, or unkown) (If	yesgive werordates of s	ervice)		Harry C.	Bingama	n Hage	retor	m. Mamu	bref	
NO LIB. CAUSE OF DI	EATH lEnter only one	ceuse per li	ne for (a), (b), end (c).]	ment i y	Diligania	11 mage	1 000		TERVAL BE	TWEEN
	WAS CAUSED BY:	0		,	- 0.	0			SET AND	
	MMEDIATE CAUSE (e)	Ca	umm	- 01	adre					
195.0	DUE TO		glond	-	1					
Conditions, if eny,	which) (b)		Samo	will	mil	erte	an		20	2
geva rise to immedie	DITE TO	1							0	
(a), stating the un cause lest.	derlying	-								
	CICHIEICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT BELATED TO	THE TERMINIAL DI	SEASE CONDIT	ION GIVE	N IN DART 1/s) I	IO WAS	ALITOPSY
PARI II. OTHER	SIGNIFICANT CONDI	IIONS CON	INBUTING TO DEATH BUT	NOT KELATED TO	IIIE TEKMINAL DI	JEASE COMBIN	1014 0146	IN IN PART I(III)	PERF	DRMED?
3									YES	40
PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OCCU	RED. (Enter nature o	f injury in Pert I c	or Part II of item	1B.)			
		er 2Dd	NJURY OCCURRED 2Da.	PLACE OF INJURY	Home, farm, 20	f. (City or tow	n)	(County)		(Stete)
20c. TIME OF INJUR	monny, boy, to	While	Not While	fectory, street, office		, , , , , , , , , , , , , , , , , , , ,		(,,		
-	19	et work			1					
21. I certify th	at (I) (this hospit	al) attend	led the deceased fro	m Man 2	9 195	3, to M.	1 6	, 19.6/., 1	that (I)	(we) las
saw the decease	ed alive on/4	my 6.	19.6.1., and the	hat death occur	red a 3. A.M.	, from the	causes a	nd on the d	ate state	d above
22e. SIGNATURE	4 Pa	Ke		M.D. ATTENDIN	MED.	OR PHY			3/8	SIGNED
22c. PHYSICIAN'S NAME (Type)	T T Pa	alaan	-	22d. ADI			Morr	Jand	-14/	,
	L. L. Pa		Jr.			rstown,				11-1010
23a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THER	REOF	23c. NAME OF CEMETER	RY OR CREMATOR	Y 23d	. LOCATION				State)
Burial	5/9/196	57	Cedar Lawn	Cemeterv		Hagerst	own,		Mary]	land
Suter - Rot	s signature izer Funera	al Hom	e Hagerstown	The second second				STRAR'S SIGNA		
1. fremarin	Rouge				101116	1				

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 6101

		6101		CERTI	FICATI	OF DEATH				080	80
1. [o. COUNWashir	ngton		MAR	RYLAND	" Warylan		lived. If instituti b. COUNTY	-	before odr	
	b. CITY OR TOWN (IF	outside carporate lim	its, write	c. LENGTH OF STA		c. CITY OR TOWN (III		te limits, write F	URAL ond giv	re nearest to	own)
	d. NAME OF HOSPITA		give street o			d. STREET ADDRESS	GK			e. IS	RESIDENCE A FARM?
	Western	Maryland	d Sta	te Hosp	•	430 Klin	harts 3	treet			□ NO □X
	NAME OF ALI DECEASED ALI (Type or print)	Lee AFA	1.N A	Anna		BLACKST	4. DATE OF DEATH	Mar		Doy /3	Year 196/
S. S		6. COLOR OR RACE	THE TRIKE	ED NEVER MARK		DATE OF BIRTH	9.	. AGE (In years lost birthday)		YEAR IF UN	NDER 24 HRS.
_	r'emale	Negro	WIDOWE			3-30-1896 Y 11. BIRTHPLACE (Sto	to as fassian cou	65 yrs.	12 CITIZ	N OF WH	T COUNTRY?
100	during most of warking Domestic	ig life, even if retired	done IVD. I	CIND OF BUSINESS	OK INDUSTR	Marulan	- 100 C	nity)		S.A	II COUNTRY?
13.	FATHER'S NAME				- 100	14. MOTHER'S MAIDEN	NAME				
	Frank Wal	lace				Unkno	wn				
	WAS DECEASED EVER	IN U. S. ARMED FOI yes, give war or dates of		OCIAL SECURITY N	17. INFO	RMANT		Add	ress	10-10	
	no	no	1	VIL KOWA	/ J	nonie Mae	Black	ston	430 K	linek	narts
	18. CAUSE OF DEAT		ause per lin	or (0), (b), and (0			. 1			ONSET A	BETWEEN ND DEATH
W.	PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (ornea	N	reumor	110			one	- Week
	23 1	DUE TO	0	oneda	4 100	scular	011	11. 4		5 h	1020 +
	Conditions, if on		b)	ework.	-o va	3 CHEWL	ucc	acen		3 "	10 nans
	couse (a), stoting th	DITE TO)								
z	lying couse lost.	· · · · · · · · · · · · · · · · · · ·	c)	ONITRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TER	MINIAL DISEASE	CONDITIONICI	VENU IN LIBART	1/-> 10	V29OTILA 24
CATIO	gene	ralized	- Addition	rio s cl	cresis	Dec	1 4.	. 19	Cers	PER	FORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRED.	Enter noture of injury i	n Port I or Port I	I of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	20d. IN While at wark	JURY OCCURRED Nat while of wark	20e. PLAC factor	OF INJURY (Home, fa y, street, affice bldg., e	rm, 20f. (City o	r town)	(Co	unty)	(Stote)
	21. I certify that	(I) (this haspita	l) attend	ed the decease	d fram/		7	1ay 13) (we) last
	saw the decease	d alive an M	ay 1	3_196 . an	d that dec	th accurred at	M, fram th	ne Causes ar	nd an the	date stat	
	22a. SIGNATURE	touring	6	et	es a Mil	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	M	ay 13	SIGNED 1961
	22c. PHYSICIANS NAME (Type)	YOUN	4 E	- CHI	IN	22d. ADDRESS 1500	Penna.	Ave. E	tager	stown	Md
230	BURIAL, CREMATION			23c. NAME OF CE	-	REMATORY		ON (City, Iown,	or conty)		itate)
	Bay Hallin		61	Fairv	lew	6 121		derick			ld
24.	FUNERAL DIRECTOR'S	SIGNATURE	0/	ADDRESS 7	11 50	inta	C'D BY REGISTRA		ISTRAR'S SIGI	NATURE	
1 (· 6, Auc	160	24	West A	11 28	TITOS DATE	MAY 2 2 '61	(i	Mhur &	Trues	

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		MalTeneri	Adres 1		
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200		A carte at 1 h hatch	AL TO PAGE		
American A	Santista	דמו בעול בייל מ	Constance		
A STATE OF THE STA	Shi was	1	2,272 - 8 - 248 - 2	Samuel 1	
			May 13 4/ 101		
There is report		10.00		L. ALE	
			Carlotte Carlo	Literal Land	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6102

06090

1. PLACE OF DEATH o. COUNTY	Washingto	n	MARY	LAND	2. USUAL RE a. STATE	SIDENCE (Wh		lived. If instituti b. COUNTY		ce before o	admission)
RURAL and give no	f outside corporate lime earest town) Hagerstow		c. LENGTH OF STAY		1	R TOWN (If a	-	rate limits, write R		give neares	t town)
	AL (If not in hospital, g		address)			ADDRESS RFD 3	11-11			1	S RESIDENCE ON A FARM? ES NO 🔀
3. NAME OF DECEASED (Type or print)	Elton	'st_	Middle Berry		Bowe	ost er	4. DATE OF DEATH	Mor		15,	Yeor 19 61
s. sex female	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRI		May 28			9. AGE (In years lost birthday) 81 yrs.	Months Months		UNDER 24 HRS lours Min.
10o. USUAL OCCUPATION during most of work house	ON (Give kind of work king life, even if retired OWITE	dane 10b.	KIND OF BUSINESS C	R INDUS		PLACE (State shingt				ZEN OF W	HAT COUNTRY
13. FATHER'S NAME	John Powe	11			14. MOTHER	'S MAIDEN N		llen L.	Orr:	is	
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no		FORMANT S. C.	L. St	touff	Add er, Hag	erst	own,	Md.
	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (C	Ce	ne for (o), (b), and (c).		rhage					ONSET	AL BETWEEN AND DEATH MO.
Canditians, if a gove rise to i cause (a), stating lying cause lost.	ny, which (to mmediate)	Ce	rebral a	rter	iosele	erosis	3			Inde	efinit
PART II. OTH		-	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	T 1(o) 19. Y	WAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture	of injury in f	Port I or Port	II of item 1B.)			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. I While at wor			CE OF INJURY ory, street, off			ar town)	(0	County)	(Stote
21. I certify the	at (1) (this haspita sed alive an Ma) attend	ded the deceosed 1 1961, and	fram_!	Sept.	18 7:40	A	lay 15 the causes or			(I) (we) las
22o. SIGNATURE	Blue	2	3	N	ATTENDI PHYS.		RECTOR .	STAFF PHYS.		5/16/	
22c. PHYSICIAN'S NAME (Type)	B. B. I	Knei	sley, M.D	•	22d. ADE	PRESS 148 Hag	West	Washi	ngtor rylar	Str	eet
23a. BURIAL, CREMATIC REMOVAL (Specify) DURIAL		, 61	23c. NAME OF CEM			ery		TON (City, town,		d.	(Stote)
24. FUNERAL DIRECTOR		& Sa	ADDRESS Hagran	etaw	n Md		D BY REGIST		STRAR'S SIC		

TO HOS VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

06091

5	0200	CERTIFICA	IE OF DEATH			COL	U A
47	PLACE OF DEATH		2. USUAL RESIDENCE (W			nce before admis	ision)
	O. COUNTY	MARYLAND	O. STATE MARY	AND.	COUNTY	MIGTON	
		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				m)
7	FAIRDLAY RURAL		TAVEOR	23 LAI	ADING		
7	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS			e. IS RE	SIDENCE A FARM?
1	FALIRPLAY			RURAL			NO D
3.	NAME OF First	Middle	Lost	4. DATE OF	Month	Day	Year
P	(Type or print) SAMUE	+4,	BOULER	DEATH M	A4. 2	4.	1961
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE lost	(In years IF UNDE birthdoy) Months	R 1 YEAR IF UND	T
L	MALE WHITE WIDOWED	DIVORCED [MARCH. 18.	1880 8	yrs. 2	6	Min.
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY
L	RETURED EMPLOYEE 13.0	10-121R.Co	TAYLORS	LANDING	WASH CO	·NID 45	1/2
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
L	CHARLES BOY	VE 12	ANNA	CATHER	INE A	KTZ	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SQ es. no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. IF	FORMANT		Address		
	1/0. 220	-10-3064 M	RIJRA BOYE	ER CUI	MIBERLA	NO MI)_
	18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]	-1. 11/	1 t -	1.00	ONSET AND	ETWEEN DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MYDEA	Rdithe	NARC	D()]]	/MM.	ed'A
	420.1 DUE TO	1 4				1	411
	Conditions, if ony, which gove rise to immediate (b)						
	couse (o), stoting the under. DUE TO						
2	lying couse lost.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUIL	NOT BELLTED TO THE TERM	AINIAL DISEASE CONE	NITION CIVEN IN PA	DT 1/-) 10 VA/AC	AUTOPSY
NOIT	FART II. OTHER SIGNIFICANT CONDITIONS COL	NIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONE	MION GIVEN IN FA	PERF	ORMED?
FICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port Lor Port II of it	em 18.)	YES] NO [
CERTIE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE HOW HAJORI OCCORRE	b. (cine notice of injer) in		J. 12.7		
4		JRY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or town	n)	(County)	(Stote
MFDIC	Hour o.m. While	_ Not while fo	ctory, street, office bldg., et		///	,,,	(
2		11	M. 11/	(13/1	/ /	
	21. I certify that (1) (this hospital) effended		3/24/6/		124 / 19	9 / ' '	(we) last
	saw the deceased alive on 220. SIGNATURE	, and that a	leath occurred	M, fram the of	auses and on th		d above. 26.DATE
	W. C. J. J.		M.D. ATTENDING	MED. STAP	F C	5/2	SIGNED
1	22 PHYSICIAN'S	elle 9	M.D. PHYS. 22d. ADDRESS	DIRECTOR PHY	s. 🗆	1.01	01
	NAME (Type)	/				/ /	
2:	Do. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (C	ity, town, or county) (Ste	ote)
	PREMOVAL (Specify) MA DV127, 1961	BAKERSVILL	E PEMETERY	BOLEN	WILLE WILL	ASH. CO.X	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S S		
	John D. Bast Bast	16115 D. 20 1	10	AV 2 1 761		4	

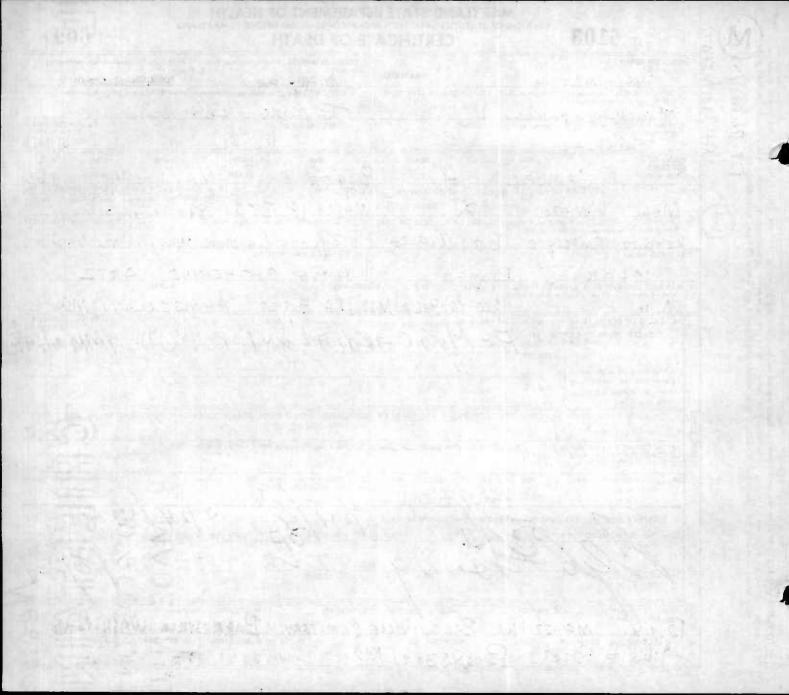
may be remained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSE VR A15 (4) 1SM 9/S9

s after death. Page 4

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RALPH



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6104

CERTIFICATE OF DEATH

Reg. Dist. N.6 (192

1. PLACE OF DEAT	тн	DEVENT OF THE PARTY	2. USUAL RESIDENCE (Where deceded o. STATE	sed lived. If institution b. COUNTY	: Residence before	admission)
	Washington	MARYLAND	ma		rask	,
RURAL ond g	WN (If outside corporate limits, w live nearest town)		c. CITY OR TOWN (If outside con	porote limits, write RUI	RAL and give neare	st town)
	Hagerstown OSPITAL (If not in hospitat, give s	9 months	d. STREET ADDRESS	X	e.	IS RESIDENCE ON A FARM?
	y Nursing Ho	me				YES NO
3. NAME OF DECEASED (Type or print)	John Willi	Middle -	Brown 7 4. DATE OF DEAT		13 1	Year 19
Male	7.7% # 3s.6	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH NOV. 8. 187h		Months Doys I	Hours Min.
100. USUAL OCCU	PATION (Give kind of work done f working life, even if retired)	Own Farm	STRY 11. BIRTHPLACE (Stote or foreign Maryland	country)	12. CITIZEN OF W	
13. FATHER'S NAM	IE .		14. MOTHER'S MAIDEN NAME			
Martin	L. Brown		Mary E. Bu	hrman		0
15. WAS DECEASE (Yes, no. or unknown)	DEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Brown	Thur	mont	mx
gove rise couse (o), sto lying couse PART II	OTHER SIGNIFICANT CONDITTO		T NOT RELATED TO THE TERMINAL DISE.			WAS AUTOPSY PERFORMED? (ES NO
	IT WAS UNDERLYING 20b. UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		S. (2nd noise of mjor)			
Hour o	o. m. V		ACE OF INJURY (Home, form, 20f. (Cotory, street, office bldg., etc.)	lity or town)	(County)	(State
21. I certifalive an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	ty that I attended the der	ceased from Sipt 9, 1961, and that death Ruwer R. Brewer		21, 196/tl m the causes and (Street, city or town, st April		
220. BURIAL, CREM BURIAL (SP		22c. NAME OF CEMETERY C Bethel Chu		CATION (City, town, or scade Fre		(Stote) Md.
PHYSICIAN'S NAME (Type) 20. BURIAL, CREM BURIAL (Sp				istrar 24b. REGIS	-	

nodgaldsay. Haral Baraneronn 9 Nopole Date of Runs Land Speed Conserved Imag melling adol 02146 - ALE Mantin L. Brown den Lara Marking Company 1 1 10 1 mamusiya . Tytto% off the low the transport of the form of the feet of t after the heatenal decomple stored at the restricted

DIVISION OF STATISTICAL RESEARCH AND RE . PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Reside a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town þ write RURAL and give neacest town) .= -Mr. d. NAME-OF HOSPITAL OR a. IS RESIDENCE d. STREET ADDRESS INSTITUTION (if hot in hospital, give street address) ON A FARM? YES NO completely papers. NAME OF DAT Middle Month Year 72 DECEASED OF (Type or print) DEATH within 19 24 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. day Months Days Hours WIDOWED event, DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? country) dona during most of working life, even if ratirad) House Wife Lanta.Fredk.Co.Md 13. FATHER'S NAME please 14. MOTHEN MAIDEN NAME = affending pue Amanda Buhrman David Toms Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or dates of servica) removal Earl Buhrman Lantz No r attending physician. has been signed by the permit. 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if any, which (b) gave rise to immadiata causa DUE TO (a), stating the underlying causa last. 0 may be retained by the hospital or **DIRECTOR**: After this certificate 3 should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT D TO THE TERMINAL DISEASE SIVEN IN PART 1(a) WAS AUTOPSY CONDITION hospital PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Trage 4 r fO FUNERAL 1 director, page 3 be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION REMOVAL, (Specify) Germantown Ch. of God Cem. Nr Cascade Fredk.Co EUNERAL DIRECTOR'S ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Thurmont. MD DATEMAY 8 vmond Creager '61 athur 9

death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

THE TON INSTANT The state of the s e to make my to print the accept 1/8/1888 7/8 name and a second Mary Indiana and Indiana and Indiana March while series - est on the first the first of annual numbers - Colonia - I have the the state of the same De liter. 6. This demanded to a companion of the man of the companion of t

VR A15 (4) 15M 9/60 0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0.1.	0.0	CERTIFICATI	e OF D	EAIR				06004
	PLACE OF DEATH					NCE (Where de	caased lived, If i		nce before edmission)
	Washi	ngton	MARYLAND	a. ST/		rvland	b. COUN	9.9	ington
	b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 1	c. CIT	Y OR TOWN	RURAL and give	(AL and give neerest town)		
	write RURAL end give nee		Life		H	agersto	vn	03	
	d. NAME OF HOSPITAL OR I		spitel, give street eddress)	d. STI	REET ADDRES				e. IS RESIDENCE ON A FARM?
	Washington Co	unty Hospita	1	10	56 Bee	chwood 1	Drive		YES NO X
3.	NAME OF DECEASED	First	Middle		ast	4. DATE OF	Month	Da	y Year
	(Typa or print)	ELIZABETH	BOYLE		RGER	DEATH	May	12	1961
5.			ED NEVER MARRIED	B. DATE OF	BIRTH	9	. AGE (In years last birthdey)	Months Deys	R IF UNDER 24 HRS.
		hite widowi	ED DIVORCED	Novemb	er 20,	1896	64 yrs.		
10e	. USUAL OCCUPATION (Given during most of working life	re kind of work 10b. k	CIND OF BUSINESS OR INDUS	STRY 11. BIRT	HPLACE (Co	unty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	Housewife					own, Mar	ryland	U.S.	1.
13.	FATHER'S NAME	Sea District		14. MOTI	HER'S MAIDE				
		Zinkand				ma Snyde			
	WAS DECEASED EVER IN U.S			. INFORMA			Address		
1	no			r. Fran	nk W.	Burger	Hagerst		
	18. CAUSE OF DEATH		line for (e), (b), end (c).]		11.				NTERVAL BETWEEN
	PART I. DEATH WAS O	CAUSED BY: ATE CAUSE (e)	JUB DUF	AAL	HEN	MURRH	AGE		16 0 haps.
	331V	DUE TO				_\			
	Conditions, if eny, which	h) (b)	Vo History	011	queil.	DENTY			
	geve risa to immediate couse								
	(a), stelling the undarlying ceuse lest.								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
CERTIFICATION									YES NO
FE	200. ACCIDENT WAS UND		SCRIBE HOW INJURY OCCUI	RED. (Entar net)	ure of injury i	n Pert I or Part I	l of item 18.)		
CER	OR CONTRIBUTING CAUS	SE OF DEATH AL EXAMINER)							
X	20c. TIME OF INJURY N	Aonth, Dey, Yeer 20d.		PLACE OF INJU			y or town)	(County)	(Steta)
MEDICAL	Hour a.m.	While two	a	fectory, street,	office bldg., e	rtc.)			
2	21. I certify that (I) (this hospital) attended the deceased from Apr. 26, 30, to May 12, 1961, that (I) (we) last saw the deceased alive on May 12								
	21. I certify mar (I)	(mis nospiiai) allei	10 63	ille da Manthe a	2.0.9	:30P	the sauces	and on the	data stated above
	22e. SIGNATURA	ve on TreatyI.C	19.Q.L., and fr	iai deain o	ccured ai.		i ille causes	and on me	22b. DATE
	12/41.0				ATTENDING MED. STAFF SIGNED				
	22c. PHYSICIAN'S	7		741.15.	ADDRESS	_		Ma	
	NAME (Type) B.	B. Kneisl	ey, M.D.				stown.		n Street
23	a. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMA	TORY		ATION (City, tov		(Stete)
	REMOVAL (Specify) Burial	5/15/1961	Rose Hill	Cemete	rv	На	erstown		Maryland
24	FUNERAL DIRECTOR'S SIGN	IATURE T	ADDRESS				TRAR 256. REC		
	Suter - Rouze	r runeral Ho	me Hagerstown	. Md.	RATE	1.8 '61	arthu	1 S. Kraus	
-		0	9	-	CAL	1.0.4.			

ERAHAL ... not midera dieerstan ment and the Latigated viewow daring all I made which 0. .4.3.0 de ration, de recent Service States some in the time . The same of the same same THE RESERVE AND THE PROPERTY SHAPE of the season of posterior of the Apr. 26g. 36h willey 12 mold age ady to the the 118 west wellneston Street Burg The state of the s

ersolver entry the state of the s FOR STATE DEPT

TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delation is necessory, please executed are certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the first director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remoral, and in any event within 72 Payers after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6107

	0.1	.01		E EXAMI	4617	CERTIFIC	971	- 01	/ L/ X	Rog. Dist. (66/19	15
1,	PLACE OF DEATH					2. USUAL RESIDEN	VCE (W	here deceased	lived. If institut	ion: Residence b	efore odmiss	sion)
	W.	ashington		MA	RYLAND	o. STATE Maryland b. COUNTY Washington						
	o. CITY OR TOWN (If	autside corporale limits, wri	te RURAL	c. LENGTH OF STA	AY IN Th							
	Id	agerstown		Lite		Hagerstown						
73	. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hos	pital, give street add	ress)	d. STREET ADDR					e. IS RES	FARM?
		on County 1	dospit	al (D.O.	.A.)	3	318	N. Pros	pect St.			NO K
	NAME OF DECEASED		rst	Middle		Lost		4. DATE OF	Month	Do	y Ye	or
	(Type or print)		chard	Wayn		Byrd		DEATH	May	14	19	61
5. :	SEX			D NEVER MARR	IED 🛜 8.	DATE OF BIRTH		PRODUCT AND ADDRESS OF THE PARTY OF THE PART	AGE (In years lost birthday)	Months Days		
	Male	White	WIDOWED			Sept. 11,1		-	15 yrs.	Monins Days	Hours	Min.
100	. USUAL OCCUPATION of working	ON (Give kind of work a life, even if retired)	done 10b. K	IND OF BUSINESS	OR INDUSTI	11. BIRTHPLACE				12. CITIZEN	OF WHAT C	OUNTRY?
	Stu	dent		High Schu	pol	Hag	gers	stown, M	do	1 45	A	
13.	FATHER'S NAME	10 AA 11	9 1			14. MOTHER'S MAII						
		Russell H.					9 6	Irdinge	r			
	s, no, or unknown)	ER IN U. S. ARMED FO (If yet, give war or dates o		SOCIAL SECURITY N		IFORMANT			Address		44.	
	No			None	IR.	1. Byrd 31	18 1	V. Prosp	ect Stok	agersto	wn, Md	
	7 100 7 100 100 100 100	TH [Enter only one co	use per line i	for (o), (b), and (c).]							ERVAL BETWEE	
	PART I. DEAT	H WAS CAUSED BY:)D;	rowning	rên wêr					T	Instant	
V	729.	8 DUE TO										
	Conditions, if or		1									
gove rise to immediate couse (0), stating the underlying DUE TO												
	couse tost. (c)											
Q	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?											
3		c										№ 🖾
CERTIFICATION	20g. EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH.	SE WAS 2	Ob. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture of injury	in Port	For Port II of	item 18.)	TELES IN		
			as swi	mming when	he :	suddenly s	ot	into r	ough wat	er and	drown	ed.
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	or 20d. I While	NJURY OCCURRED	120e. PLAC	E OF INJURY (Home	e, form, g., etc.)	20f. (City or	r town)	(County)		(Stote)
ME	2:75 p.m.		57 of wo	rk of work	The second second	Trook Mt.				um Was	h. Md	
	21. I certify th	not I took charge	e of the r	emains describ	ed abov	ve, held an Au	topsy	, Ins	pection [],	Inquiry [], and	in my
-	opinion deoth	resulted from:	Naturol c	couses , Ac	cident [X, Suicide], H	lomicide [], Undeter	mined monr	ier 🗌	
		15	1/0	X							DATE SIG	ONED
3	ACTUAL SIGNATURE	Arthe	100	nia)		_M.D. CHIEF MEDIC					DAIL 31	31125
	EXAMINER'S							L EXAMINER		, ,,		
	NAME (Type)	Dr. E. W. I	Ditto,	Jr.			DICAL E	XAMINER				
220	REMOVAL (Specily)	N. 22b. DATE THERE	70.	22c. NAME OF CEM	_			22d. LOCATIO	ON (City, town, or	county)	(Stote)	
	Burial	May 17.	1961	Kest Ha	ven C			Hag	erstown		Mary	land
23.	FUNERAL DIRECTOR	5 SIGNATURE		- ADDRESS	. 4	44.4		BY REGISTRA		TRAR'S SIGNATI) RE	
	Kest Have	en Juneral	Chape	Nager	nown,	11de DA	TE M/	Y 1 6 '6'	1 C.	that S. the		
	w	lun. C.	NAO	101						, A. 700	LLL/N	

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M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

06096

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	07	00		CERT	IFICA	IE OF D	EATH			3 (00)		0101)
1.	PLACE OF DEATH a. COUNTY	ashington		MA	RYLAND	2. USUAL RESI		here deceased	l lived. If institution b. COUNTY		e before o	
	RURAL and give no			LENGTH OF STA		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL (If not in haspital, give street address)			6 Yea	rs	d. STREET		ick-kur	ral-R.F.I)。#上		S RESIDENCE
	OR INSTITUTION	Church Home						easant		OX-	1	ON A FARM?
3.	NAME OF DECEASED	Fir		Midd		lo	ist	4. DATE OF	Mon	th	Day	Yeor
_	(Type or print)	GEOR		ALBER	-	92410		DEATH	May		16,	19 61
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR		B. DATE OF BIRT	~~	1877	9. AGE (In years last birthday) 9. AGE (In years yes.			UNDER 24 HRS lours Min.
10	during most of work Retired R	ON (Give kind of work of king life, even if retired armer	done 10b. KIN	OF BUSINESS Farmi		STRY 11. BIRTHP	LACE (Stote	ar foreign co		12.CITIZ		HAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S	S MAIDEN	NAME				
	Albert	Cashour					Ida	a Butts				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY I	17. IF	FORMANT	1000	A Visor	Hon	ewood	Chur	rch Home
L	No		No	ne	Mr	s. Cathe	erine	E. Cas	shour, Wil	liams	port,	R.D.#2
		ATH [Enter only one co	use per line i	for (o), (b), and ((c).]			-	0		INTERV	AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) C	and	Lis	Nas.		00	LUMP	7	/	my
	Conditions, if o		(0	eur	Sus	21	M.	· 01	ceid	ent	N	nin
	gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO Outerior Clerkie you											
CATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS CON	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO	O THE TERM	AINAL DISEASE	CONDITION GIV	'EN IN PART	F	WAS AUTOPSY PERFORMED? ES NO
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRE	D. (Enter nature	of injury in	Port I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Ye	ar 20d. INJL While at work	Nat while at work		ACE OF INJURY ctory, street, offic			or town)	(C	County)	(Stote
		at (I) (this haspital	l) attended					57.ta_	May 14	19_	-	(I) (Va) las
	saw the decea 22a. SIGNATURE	sed alive an Z-1	7.7	17	nd that c	seath accurre	0 01	.M, from	the causes an	a an the	date st	22b. DATE
	20	wis X	Mark			M.D. ATTENDIN		AED.	STAFF PHYS.			5 - 17- 6
	22c. PHYSICIAN'S NAME (Type)	Loui	55.	6R	IFF	22d. ADDR	RESS	E.	HADER	TOWN	^MAR'	YL A ND
23	a. BURIAL, CREMATIC		OF 2	23c. NAME OF CI	EMETERY O	R CREMATORY	-	23d. LOCAT	ION (City, town,			(Stote)
E	REMOVAL (Specify	May 19,1	961	Glade	Cemet	ery		Wal	kersvill		Mary]	land
24	FUNERAL DIRECTOR	's SIGNATURE	Time of	ADDRESS	[- []	m al		D BY REGIST	RAR 2Sb. REGI	STRĂR'S SIG		
	Ma D. DT.CI	DEOD W SON	. Pred	erick. N	PIVE	11163	DATE	WITH 1 3	011 (Lathua	X Trans	

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSP VR A1S (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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TO HOSP

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06097

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
7	WASHING-TON MARYLAN	NIARVLAND WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	HALF WAY , 124EARS	HALF WAY - BOWIER AVE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	BOWER AVENUE	WILLIAMSPORT MD. RIZ YES NO NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) IVIARY IOLA DELA	UDER (LEM DEATH MAY - 26. 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yedrs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
0	TEMALE WHITE WIDOWED DIVORCED	
	10d. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE OWN HOME	NR. WILLIAMSPORT WASH. CONID. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 1	NHITHA, E. Address Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	0 11
	The Court of Print I	BARBOOK CLENI. WILLIAMSPORT NO.RIZ
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), onel (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ON ET AND DEATH
	IMMEDIATE CAUSE (a)	ardel sy level ou seems
	7201) DUE TO	
	Conditions, if any, which gove rise to immediate (b)	
	cause (a), stoting the <u>under-</u>	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	L L L L L L L L L L L L L L L L L L L	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature af injury in Port 1 or Part II of item 18.)
	=	PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Stote) factory, street, office bldg., etc.)
	Hour o. m. p. m. 19 While Not while of work at work	toclory, sireer, object olog., etc.,
	21. I certify that (1) (this haspital) attended the deceased fra	m 5/2 / (19 , ta 5/2// (19 , that (1) (we) last
	saw the deceased alive on 15/1/19/ and the	at death accurred at MM, from the causes and an the date stated above.
	220. SIGNATURE	22b.DATE
н	Radich Hope a	M.D. PHYS. DIRECTOR PHYS.
Н	27. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
	HURLAL MAY, 29-1961 MOUNTAINI)	LEW CEMETERY SHARDSPUKE MD.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	John W. Dast. JOONS BOK	O /X(). DATE HIN 1 161 arthur S. Kraus

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TO DEF TO MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any death is necessory, please exe-		rde	ERA	VOC
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VS. A1SME(5)

SM 9/55

		INT OF HEALTH—BALTIMORE, 18
	6110 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No. (161)9
	PLACE OF DEATH 6. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Taryland Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Hagerstown D. O. A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wash County Hospital	d. STREET ADDRESS 2411 miner Ave
	3. NAME OF First Middle OCCED (Type or print) HATTIE SANNER CORD	ELL Month Day Year OF DEATH May 15. 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH 9. AGE (In yours less birthday) 15 UNDER 14 IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aide Wash. Co. Hospit	RY 11. BIRTHPLACE (Stole or foreign country) 2. Floyd, Grundy Co. Iowa U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rev. George R. Sanner	Lois Leonard
		lbur L. Cordell 2411 Miner Ave. Hagerstown Weeh. Com Management
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Cervical DUE TO	ONSET AND DEATH
	Conditions, if ony, which gove rise to Immediate cause (a), stoling the underlying cause lost. (b) Compound Comminute Due to (c) Intra Abdominal He	emorrhage Instant
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20d. EXTERNAL CAUSE WAS PRIMARY_O or CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		nter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 11 & Bower Ave. Hagerstown, Wash, Md.
ł	21. I certify that I taak charge af the remains described above	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔲, and find that
	death resulted fram: Natural causes , Accident . Suic	ide, Hamicide, Undetermined cause
	ACTUAL SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S NAME (Type) Dr. E. W. Ditto.	ASSISTANT MEDICAL EXAMINER May 16, 1961
	220. BURIAL CREMATION, REMOVAL (Specify)	
	Burial 5/18/61 Rose Hill (Cemetery Hagers town, Wash, Co, Maryland
1	Andrew K. Coffman Hagerstown, Mar	2 4

			AND DELIGIOUS PROPERTY.	
THE STATE OF THE S			THE BUT OF SHAPE OF SHAPE OF FREE	
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rs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06099

1. [PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Ri b. COUNTY	esidence before admission)
	MASHINGTON	MARYLAND	MARYLA		HINGTON
t	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL	and give nearest town)
	HAGERSTOWN	5 DAYS	H E	AGERSTOUVN	
	I. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	oddress)	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	. 4 2 2 2	PITAL	1131 EA	STERRINALIN	YES NO DE
3. 1	NAME OF First	Middle	Last	4. DATE Month	Day Year
	Type or print)	MARCANI 01	RONISE	DEATH MAY	19 1961
S. S	EX 6. COLOR OR RACE 7. MARE	THE THE PARTY OF T	B. DATE OF BIRTH	9. AGE (In years IFU	NDER TYEAR IF UNDER 24 HRS.
4	ENIALE WIDOW	ED DIVORCED	MARCH. 12.1	889 last birthday) Mo	nths Days Hours Min.
100	USUAL OCCUPATION (Give kind af work dane 10b.	KIND OF BUSINESS OR INDU		or foreign country)	2. CITIZEN OF WHAT COUNTRY
L	during most of working life, even if retired) 0USE VILEE	MN HANIE	BOONSBOR	WASH CO-MP.	U.S.A.
	FATHER'S NAME	THE STATE	14. MOTHER'S MAIDEN N		4:017
	CIMUTAM CIA	ITH	(In MA)	IE SMITH	
		SOCIAL SECURITY NO. 17. IF	IFORMANT	O 7 n Address	045
{Yes	no. or unknown) (If yes, give war or dates of service)	ME	S. ROBERT FOUR	HE HAMERSTO	AVE MO
_	18. CAUSE OF DEATH [Enter only one cause per li		S. KOBERT FOUR	TE HAMERSIC	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	10 (0), (0), did (c).	1 milan		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	acting.	Juma		NW
	15 1X DUE TO		On		14
	Canditions, if ony, which gove rise to immediate (b)	an m	4 Dans	reve	yo,
	couse (o), stoting the under-		CASTA	11111	
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT DELIVED TO THE TENT		NAME AND AND AND ASSESSED OF THE PART OF T
OI	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIT	NAL DISEASE CONDITION GIVEN II	PERFORMBO?
FICA		s cleun	dew.	A Long Book H of James 38 3	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	Detenter solure of injury in P	ort I or Port II at item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			Tax and	
MEDICAL	Haur o. m. While	f-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		(County) (State
ME	p. m. 19 of wor				
	21. I certify that (I) (this haspital) attended	ded the deceased fram.	Muy 19:	52, to May 19,	19_6, that (1) (We) las
	saw the deceased alive on MMI	9/		M, fram the gayses and a	
	22a. SIGNATURE	2.1	- 1	0	/ 22b. DATE
	X min XX	MM	M.D. ATTENDING ME	D. STAFF	S/Z SIGNED
	22c. PHYSICAN'S NAME (Type)	C 10	22d. ADDRESS	1 3 6 10 -	A
	100/12 P	· OR alff	11111	to my	Munul
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tawn, ar co	unty) (State)
	REMOVAL (Specify) NAV: 21: 1961	BOONSBORD	CENIETERY	BADNESSARD WACK	. CA. MD.
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	See Deal Street Land Control of the land	BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
-	Jally VI. 13 ast B	CONSBORD M	DATE MA	Y 31 '61	
	10	VILLENIED III	1		7 S. Hand

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaral, and in any event, within 72 haufs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the haspital ar attending physician. may be TO HOSF VR A1S (4) 1SM 9/59

CONTRACTOR OF THE PERSON OF THE PROPERTY OF THE PERSON OF School 2013 Carl Comment of the Same Comment of the THE REPORT OF STREET AND ADDRESS OF THE PARTY. TO THE PROPERTY OF THE PROPERT WATER AND SHOP THE SHAPE ALMANDA IN CONTRACTOR OF THE STATE OF THE ST AND THE PERSON OF THE PERSON O

RURAL and give negrest town)

b. CITY OR TOWN (If outside corporate limits, write

Washington

PLACE OF DEATH

a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

66160

b. COUNTY Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

		2.
	2.4	1
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may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

3 ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59

	Rural H	ancock Md		3L Yrs.		Rural	Hanco	k Md.			
	OR INSTITUTION	TAL (If nat in haspital, g	ive street addre	ess)		d. STREET ADDRES				e. IS R	A FARM?
	OK INSTITUTION	Home				Rural	Hance	ock Md.			NO 🗌
	NAME OF	Fin	st	Middle		Losi	4. DATE		onth	Day	Year
	DECEASED (Type or print)	CI	arence	A		Divelbia	OF DEATH	5		8	1967
S. 5	SEX	6. COLOR OR RACE		NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (In year			
	M	W.	WIDOWED	DIVORCED		1.21.81		last birthday)		ays Haur	s Min.
10a		ON (Give kind of work		OF BUSINESS OR	INDUSTR		tote or foreign o	country)	12. CITIZE	N OF WHA	T COUNTRY?
	Farmin	king life, even if retired)		rming		Fulton	Counts	Panna		U.S.	٨
13.	FATHER'S NAME	6	1 1 0	T. WILLIE		14. MOTHER'S MAIDE		T dillia		U. D. D.	
	John H	Divelbis			2034	Pahaaa	a Decl	703		Ŷ	
	WAS DECEASED EVE	R IN U. S. ARMED FOR		AL SECURITY NO.	17. INFC		IN Deci		dress		Md.
(Ye	No. or unknown)	If yes, give war or dates of s	220	05.683	RA	Millard H	D4 == 0 7	Intes P	12007 7		cock_
H		ATH Enter anly one co			10 1	TITIERO E	DIVE	LDISS II	ntal 1	INTERVAL	
		TH WAS CAUSED BY:		(and		MANA	181	. 0 1	12.	ONSET AN	
	11001	IMMEDIATE CAUSE (a		The	vic	naci	1	1100	an	1	640
	4771	DUE TO		(1	101	60	1.4%	11100	una.	TO SA	
	Conditions, if a gave rise to i	mmediate		AU	<u>u</u>	n. cr	Mil	Me			
	couse (a), stating	the under DUE TO		(The	di	o Ita	1/0	ause	asi		
z	lying cause lost.	, (0	DITIONS CONT	PIRITING TO DEA	THE PLIT NO	OT BELATED TO THE T	EDMINIAL DICEAS	E CONDITION G	IVEN IN PAPT 1	(a) 10 WA	S AUTOPSY
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PRICE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
F	20a. ACCIDENT WA	AS LINIDEBLYING T	20h DESCRIBE	HOW INITIBY OF	CLIBBED	Enter nature of injury	in Part I be Pa	et II of item 18 \	1	163 [_ NO []
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	AND. DESCRIBE	HOW INJURY OC	CORRED.	center nature or injury) 111 1 1 1 1 1 1 1 1	ir ii or nem ro.,			
AL C		RY Month, Day, Yes	004 1511110	Y OCCURRED	20- PLAC	E OF INJURY (Home,	form 206 (Cia		15-	unty)	(Stote)
MEDIC	Hour a.m.		While	Not while	facto	reel, office bldg.	, etc.)	y or lown)	(C0	uniy)	(31014)
×	p. m.	19	of work	at work			10	non	4 10	1	
	21. I certify the	at (I) (this haspital) attended :			June.	19 1.to	Trucy	196	, that (I)	(we) lost
	saw the deceo	sed olive on	May 7	1961, ond	that de	th occurred of	M, from	the causes o	nd on the		
	22a. SIGNATURE	Au 1	1 1		15	ATTENDING _	MED	STAFF			22b. DATE SIGNED
		Winds	rapp	200 1	n Ku	D. PHYS.	MED.	STAFF PHYS.		1,	134
	22c. PHYSICIAN'S NAME (Type)	Ando	OKE	Tro		22d. ADDRESS	UKIL	001	+ M	11	
		E-17/21	431	rex			一片的(5001	\ / /	C.	
230	BURIAL, CREMATIC		OF 23d	. NAME OF CEME	TERY OR	REMATORY	23d. LOCA	TION (City, town	, ar county)	(S	tote)
	Burial	5.11.6	I	Toodrow	Uni	on	Paw	Paw Mo	rgan V	VA.	
24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		2Sa.	REC'D BY REGIS	104	GISTRAR'S SIGN		
1	181.00	(74	core	Har	1280	C) 16 DATE	MAY 1 7	7 '61	arthur g	Kenne	
		1		/~							

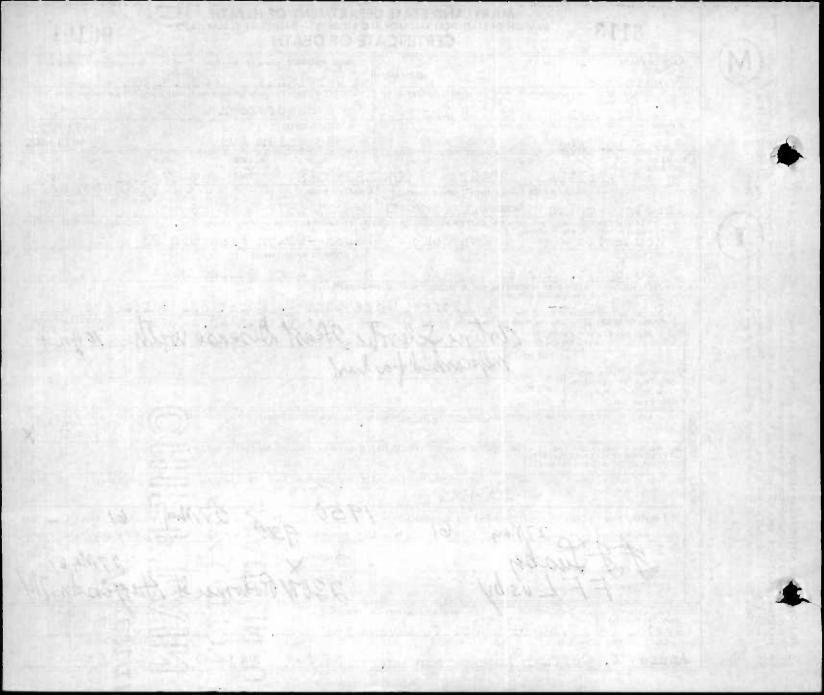
not so that the free to the same of And Montage Secret Comment of the State of t . Ma Meoora H. S. Lingell & P. L. and learning to the contract. 67 ____ 60.5°.55 1 ___ Kones ... A 12 Color of second granted not feel to be subjected. Edition Ed county it transferred a frequency of the St. Co. Co. Meerican out of the Company The Course of free willy a state Water Veryla Kadease " Bout the Ball of the Butter Of in the worldware to the target TWO THEORY, ASSESSED.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	o. COUNTY Washin ton	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	ion: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street of or institution 554 Salem Ave		d. STREET ADDRESS	m Ave	e. IS RESIDENCE ON A FARM? YES NOW
1	3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	
j	(Type or print) ARMINTA HOL	RST DUNK	LEBERGER	DEATH May 27	1961 19
	S. SEX 6. COLOR OR RACE 7. MARR Fenale white WIDOWE		B. DATE OF BIRTH Dec 27 1877	9. AGE (In years last birthday) 8 3 yrs.	Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		or foreign country) P & .	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Joseph S. Horst			Schindle	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	None Mi	ds Edna C.		alem Ave
	1B. CAUSE OF DEATH [Enter only one couse per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. C PART II. OTHER SIGNIFICANT CONDITIONS C	tenio Sclim	hus	isease wo	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
5	CCATIC				PERFORMED? YES NO Y
		CRIBE HOW INJURY OCCURRE	J. (Enter nature of injury in P	art I or Part II or Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. 19 While at world	Not while fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (State
	21. I certify that (I) (this haspital) attend saw the deceased alive on 2.71	. (-1	1950 19 leath accurred a 93 0	M, fram the causes ar	, 19.6.1, that (I) (we) last nd on the date stated abave.
	220. SIGNATURE J JUSBY			D. STAFF PHYS.	27 May 6 SIGNED
	NAME (Type) FF L US by	/	230V1	otomas I	Hayensmilly
	230. BURIAL, CREMATION, REMOVAL (Specify) 5/30/61	23c. NAME OF CEMETERY O	onite Cem.		nsville 1d
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D		ISTRAR'S SIGNATURE
	Andrew K. Coffman Has	re stown ad	DATE	AIN 1 '6	archur S. Henre



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1. P	LACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
		WASHINGTON	MARYCAND. WASHINGTON
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		BOONSBORD	X BOONSBORD
		I. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	1	10.10 MCKELDIN DR	110 MS KELDIN DRIVE YES NO DE
	0	IAME OF First Middle	Last 4. DATE Manth Day Year
		Type or print) LAURA CL E	ASTERDAY DEATH MAY-4- 1961
	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
4		EMALE WHITE WIDOWED DIVORCED	eluly 123-1871 89 yrs. 9 11
	106.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of warking life, even if retired)	ISTRY 11. (BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	-	HOUSE WIFE OWN HOME	FREDERICK COUNTY MD VIS.A.
	13. 1	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
- }		JOHN Y. HALLER	JANE
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT 10 MICKELDIN DR.
	1	NO NONE M	IRS. MARY LOHMAN BOOKSBORD IND.
		1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	would collect mi
		334X DUE TO	
		Conditions, if any, which) (b)	in cherco Central Mrs.
		gove rise to immediate cause (a), stating the under-	a continue
		lying couse last. (c)	Wallen Ula Mo.
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED
	CERTIFICATION	stole,	YES NO NO
	TIFE	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II af item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	t _a	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
	MED	Hour o. m. p. m. 19 While Nat while to work at work	crory, sneet, office blogs, etc.)
		21. 1 certify that (I) (this haspital) attended the deceased fram	1961, ta_1004 196 that (I) (we) last
		saw the deceased alive an NGM 3 19 and that a	death occurred at M, from the caves and an the date stated above.
		22a. SIGNATURS	220. DATE
		X my sull	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
7		22c. NAMS (Type)	22d. ADDRESS
		TOW 12, 7 PAGE	11dt. Milalam 1
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
		PURILLE MAU 7. 1961 LUTHERAN C	EMETERY MIDALETOYUN FRED. CO. MID.
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	_	foling Chast BOONSBORD IN	DATE DATE Orthur S. Kroue

Laving a line was TARRAM TELEVALUE BARAS OF SAMAL E THE SAME AND A STREET AND A STREET AS A ST ASIL MA WINE DWA HOME! PROPERIES THEN SHAP TO SHALL SELECT MAKE TO END WAS DEPOSED WEMEN I VASM PIM BLASM The state of the s which are not to the 10 the moderate of the in diam's areasingly parameters in a second

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DE	e	W	2112
O DE TY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any diving is necessory, please exe	cute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune.	5	2

VS. A15ME(5) 5M 9/55

	STATE DEPARTME AL EXAMINER'S				
6116 MEDICA	AL EXAMINER 3	CERTITICAL	L OI DEAII	Reg. Dist. 1	67242
1. PLACE OF DEATH o. COUNTY		The state of the s	here deceased lived. If In		before admission)
wasning ton	MARYLAND	o. singrylan	id Washi	ngt on	
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, w	rite RURAL and give	nearest town)
Hagerstown	29 Yrs	Hage	rstown	03	
d. NAME OF HOSPITAL OR INSTITUTION (If not in had 1640 Fountain Hd Road		d. STREET ADDRESS	ntain Hd Rd		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE M	ionth Do	y Year
(Type or print) JOHN A	ESHLE	CMAN	DEATH MANY	20 1961	19
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In year		R IF UNDER 24 HRS
Male White widow	EN DIVORCED	Aug 25 188	S I TA y	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.			1 20 .	12. CITIZEN	OF WHAT COUNTRY
during most of working life, even if retired) Laborer			nklin Co P	a. US.	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
John Frank Eshlema	n	Ma.rv	Margaret L	lartin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		FORMANT			
(Yes, no, or unknown) (If yes, give war or dates of service)	13-18-8324 Di	R.L. Harri	son, Profes	stown, Ma	Arts. Bld
18. CAUSE OF DEATH [Enter only one cause per lin			011,- 10200		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				Of	
IMMEDIATE CAUSE (o)	Undetermined M	anner		3	weeks.
Conditions, if ony, which)				Control of the	
gove rise to immediate cause					
(o), stoting the underlying DUE TO					
, (0)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAI DISEASE CONDITION	GIVEN IN PART 1(a)	I WAS ALITOPSY
0			THE DISEASE CONDITION	OTTENTION TAKE I(a)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS OF BODY WAS TOO DECOMPOSED 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 200. DESCRI	to do an autop	sy.	1 8 12 10.		YES NO D
PRIMARY or CONTRIBUTING	BE HOW INJURY OCCURRED. (En	iter noture of injury in Part	I ar Port II of Hem 18.)		
on the of bulling Mark Day Year 1994	INTERNATIONAL CONTRACTOR CONTRACT		1		
Hour g. m. Whi		E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I took charge of the	remains described abov	e, held an Autopsy	, Inspection	₹ Inquiry [7, and find the
death resulted from: Natural causes	☐. Accident ☐. Suic	ide , Homicide	_		
100		, Homiciae		u coose <u>pri</u> .	
ACTUAL A 24110	Ata .	CHIEF MEDICAL EX	AMINER [7]		DATE SIGNED
SIGNATURE		M.D. CHIEF MEDICAL EX			
EXAMINER'S NAME (Type) Dr. E. W. Ditto		DEPUTY MEDICAL E		-9-61	
NAME (Type) Dr. F. Ditto	22c. NAME OF CEMETERY OR C		22d. LOCATION (City, tow	un or county)	/State)
REMOVAL (Specify)		rch Cemete		-	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Penna.	LIRE
Andrew K. Coffman Hag	oratom Ma	DATE JU		Chillun S. Th	
And ew n. Oolinan nag	erstown Md.	DATE JU	11 10 0	2, 70	

MEDICAS EXAMINER'S CERTIFICATE OF DEATH District of the second of the second

DIVISION OF STATIS TO HOW IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut.

death. Page 4 may be retained by the hospital or attending physician.

Yithin 24 hours after

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH	
TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
CERTIFICATE OF DEATH	0040

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1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where decessed lived, If i	nstitution: Rasidence	before admission)
a. COUNTY	A STATE OF THE PARTY OF THE PAR	e. STATE	b. COUN		
Washington	MARYLAND	- W	land		ington
b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write	RURAL and give ne	arast town}
Hagerstown	52 years	Hag	erstown	03	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, giva street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
949 Forrest Drive		949 Forrest	Drive		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Yaar
(Type or print) JOHN	BERTON F	ER GUSON, SR.	DEATH May	2	1967
		DATE OF BIRTH	9. AGE (In yeers		F UNDER 24 HRS.
7. MARKIE	THE YER MARKIED		lest birthday)		Hours Min.
Male White WIDOWEI 10a. USUAL OCCUPATION (Give kind of work 10b. KI	DIVORCED OF BUSINESS OR INDUSTR	January 8, 18		112 CITIZEN OF	WHAT COUNTRY?
dona during most of working life, even if retired)	ND OF BUSINESS OK INDUSTR	II. BIKIHPLACE (County	& State, or foreign country)	12. CHIZER OF	WHAI COOKIKI
	nstruction Co.	Woburn, Mas	5.	U.S.	A .
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
John Fermuson		An	nette Teare		
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT F	rguson Address		
no	Mr	s. Beulah Rax	how Haperst.	own. Mary	land
18. CAUSE OF DEATH (Enter only one cause per li		of mourtain Sixty	and an Ect no		RVAL BETWEEN
DART I DEATH WAS CALLEED BY		-1	•	ONS	ET AND DEATH
IMMEDIATE CAUSE (a)	rebrel 7	hrombo	212		6547
DUE TO .	,		1		1
Conditions, if eny, which (b)	rterios	clerosis	- Seneral	17.10 2	+ru+
geve rise to immediate cause				8	,
(a), steting the underlying DUE TO					
ceuse lest. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
Darking	Disco	. 0		YE	-
	CRIBE HOW INJURY OCCURED		art Los Part II of item 19.1	1.0	
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJORY OCCORED	, (chief heldre of injury in re	and or sett in or ment to:)		
U (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Homa, ferm,	20f. (City or town)	(County)	(Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. While P.m. 19 et wor	LAOI ALUINO	ory, street, office bldg., atc.)			
			100 100		
21. I certify that (I) (this hespital) attended	ded the deceased from	F964 1	9.48 10 M. C.	, 19. 6(, tha	at (I) (we) last
saw the deceased alive on M. 1.4 2	196 and that	death occured at//.f.	.M, from the causes	and on the date	e stated above.
226. AGARTURE	11				22b. DATE
1 19/10/1	// _	ATTENDING M. PHYS. DI	ED. STAFF RECTOR PHYS.	M	SIGNED
Con a fall	me M	D. 22d. ADDRESS	KECTOK TITTO.	/11	7201
22c. PHYSICIAMS NAME (Type)		2 11/ Al . Y) -	+ 54.11	0 - 1 - 20 .	1- /
		214 14.0.0	1 21 Hell	ritown	ind.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, lov	wn or county)	(State)
Burial 5/5/1961	Rose Hill Co	emeterv	Hagerstown.	D	Id.
				GISTRAR'S SIGNATU	
24 Suter - Houzer Funeral Hor	ne Hagerstown,	Md MAY	0 104	hur S. Kraus	
		DAIL			

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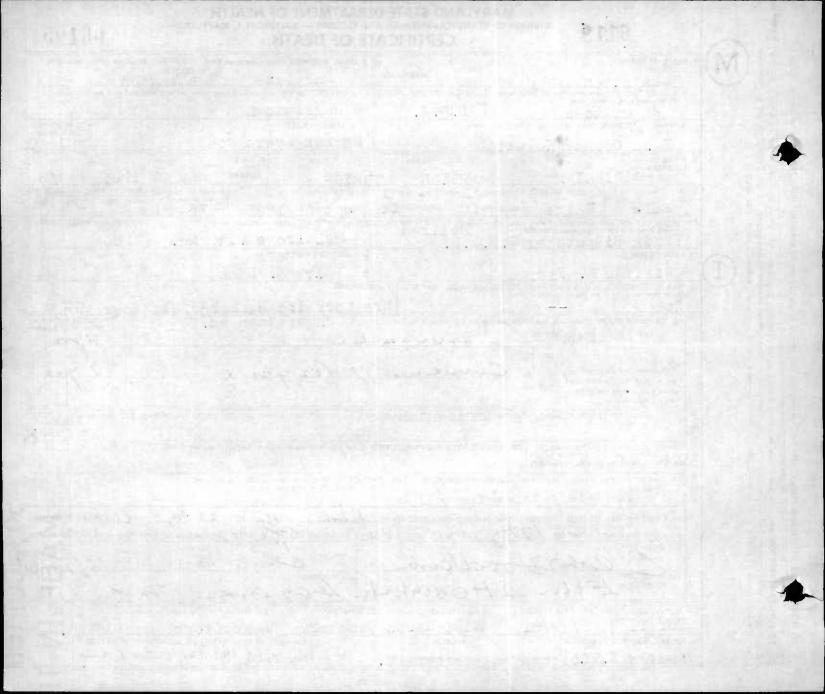
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06105

M)	1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY ashington
	b. CITY OR TOWN (If autiside carporate limits, write RURAL and give nearest town) Hagerstown D.O. A.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hugerstown R # 5
199	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Wash County Hospital	d. STREET ADDRESS Hernan Myers Road e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED Hirst Middle	Lost 4. DATE Month Day Year OF DEATH May 27 1961 19
		DATE OF BIRTH 9. AGE (In years least birthday) Sept 25 1885 75 yrs. 9. AGE (In years least birthday) Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Dispatcher W. N. R. R.	Baltimore City Md. USA
(I)	William N. Fleigh	14. MOTHER'S MAIDEN NAME Lary E. Danks
	(Yes, no, or unknown) (If yes, give wor or dates of service)	Address I.Orraine Hannaker 1844 Howell Rd R
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gracing Comments Com	Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y leryn x 7 yn
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 1B.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while at wark at wark	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State property, street, affice bldg., etc.)
	saw the deceased alive an 17/121961, and that dec	1964, ta 27 /9 , 1961, that (I) (we) last accurred at 1964, from the causes and an the date stated above
1	22c. HHISTCIAN'S NAME (Type) = 16 cm & HOachland	D. ATTENDING MED. STAFF PHYS. SIGNE 22d. ADDRESS 22d. ADDRESS ATTENDING MED. STAFF SIGNE SIGN
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CEMETERY OF	
OKR	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K Coffman Haramatown and	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 baned by the haspital ar attending physician. by the haspital ar attending physician. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.5	1)		6]	10

B. CLIVO & TOWN (If outlide corporate limit, write RURAL and give nearest fown) ## A9 TS ## A9 TS ## A9 TS ## A9 TS ## A STEET ADDRESS ## ACCURS OF MORNIFIA (If not in hospital, give street address) ## A STEET ADDRESS ## ACCURS OF BACK ## ADTE #		PLACE OF DEATH D. COUNTY	ashington		MARYL	AND	2. USUAL RESID	Md.	ere deceased	lived. If instituti b. COUNTY			re odmissi	
Summit Ave., Summ	RURAL and give nearest town)				N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
3. NAME OF DECEASED PLOTE IN J. S. ARMED FORCES? IN J. S. CILL SECURITY NO. INFORMANT IN J. D. S. C.		OR INSTITUTION		ive street	address)				nit Av	re.,			ON A	FARM2
5. SEX female		NAME OF DECEASED	Fire	st					OF	_	ith		,	- 3
10. SUAL OCCUPATION (Give lind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZENO WHAT COUNTRY? USA 13. FATHERS NAME 14. MOTHERS MADE NAME 14. MOTHERS MADE NAME 14. MOTHERS MADE NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHERS MADE NAME 18. Address 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 17. INFORMANT 19. MOTHER NAME 19. SOCIAL SECURITY NO. 19. MOTHER NAME 19. MOTHER NA	S.									lost birthday)			IF UNDE	R 24 HRS.
Benjamin F. Duke S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. L. E. Schindel Hagerstown, Md.		during most of working home	N (Give kind of wark o		KIND OF BUSINESS OR		Chambe	CE (State o	g, Pa	ountry)	12.CIT			OUNTRY?
13. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. 17. INFORMANT No. 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c).]	13.		iamin F. Du	ike						les				
PART I. DEATH WAS CAUSED BY, MYOCARDIAI Infarction due to Acute Coronary 12 hrs. Due to Occlusion Conditions, if any, which gove rise to immediate couse (c), lothing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) IV. WAS UNDERLYING OCCURRED WILL (FITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OCCURRED WILL (FITHER, NOTIFY MEDICAL EXAMINER) 201. Take of Injury Manth, Doy, Year Month, Doy, Year Month of twork of two while of work of two while of two	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.				Schir	ndel			Md.		
21. I certify that (I) (Mix Novich) attended the deceased fram May 22 1961, to May 29 1961, that (I) (Me) lost saw the deceased alive an May 29 1961, and that death accurred at 30 Mr from the causes and an the date stated above 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS. 5-31-61 PHYS. 22b. DATE PHYS. 12b. DATE PHYS. 12c. NAME (Type) W. T. Layman, M.D. 22d. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland 23a. BURIAL, CREMATION, PROVIDENCE PHYS. 22b. DATE THEREOF ROSE Hill Cemetery Phys. 22d. Location (City, town, or county) (Stote) Phys. 22d. FUNERAL DIRECTOR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE	ICATION	Conditions, if an gave rise to in couse (o), storing t lying couse lost. PART II. OTH	DUE TO (b) (c) ER SIGNIFICANT CON	Art Hyp	clusion cerioscler certensive	CE TH BUT	c Hear	t Dis	Bease ar Di	80880 E CONDITION GI		s	1 yever	ear ral s.
REMOVAL Specify 6-1-61 Rose Hill Cemetery Bagerstown Md. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	21. I certify that (I) (Nix Koxoxix) attended the deceased fram May 22 1061, to May 29 1961, that (I) (Xe) saw the deceased alive an May 29 1961, and that death accurred at 30 M, from the causes and an the date stated above 220. SIGNATURE ATTENDING MED. STAFF 9HYS. 5-31-616 220. PHYSICIANS 100 Professional Arts Bldg							me) last above. DATE GNED						
	230	REMOVAL (Specify))F					-W		or county)			5)
				aneta		KT.			. and					3

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FOR STATE HEALTH DEPT.

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any large is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

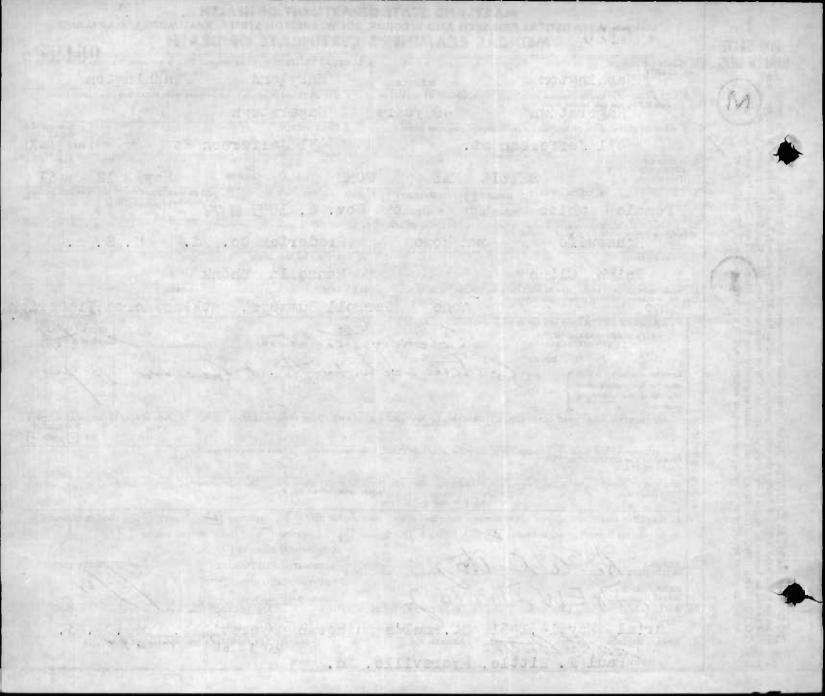
IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permij. File pages 1 and 2 with the State Board of that or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

AFDICAL EYA MINED'S CERTIFICATE OF THE PROPERTY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			NCE (Where dacaesed live		
Washington	MARYLAND	* SIMIaryl	and b.	Washingt	on
	IGTH OF STAY IN 16		(If outsida corporete limits		
	40 years		stown	03	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	re straat addrass)	d. STREET ADDRESS			o. IS RESIDENCE
431 Jefferson St.				t	YES NO N
3. NAME OF First DECEASED (Type or print) BEZZIE M	Middle F	FORD	4. DATE OF DEATH	Month Da May 1	2 19 61
female 6. COLOR OR RACE 7. MARRIED NE	DIVORCED B.	Nov. 6, 1	QQZ last birth	yeers IF UNDER 1 YEA day) Months Deys	
dona during most of working life, even if ratired)	BUSINESS OR INDUSTRY	Frederi	e or foreign country) .ck Co. Md.		OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Isiah Cline		Manzell	a Shank		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yas, no, or unkown) (Ifyesgive war or dates of service)	SECURITY NO. 17. 17	NFORMANT	A	ddress	
	one Car	croll Summ	ers, Watki	ns Acres	,Frederic
18. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY;	a), (b), and (c).]	00-1.			NTERVAL BETWEEN
IMMEDIATE CAUSE (a)	oronery	Ocelus	in	_ <	notest
420.0 DUE TO	1	1 1 11	- , +		
Conditions, if eny, which) (b) Certe	no rece	notor /e	at Vis	em /	10 grs
gave rise to immadiata cause (a), stating the underlying DUE TO				1	
cause last. (c)					/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	NG TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW	V INJURY OCCURED. (Er	nter nature of injury In Pa	art I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of the Notation of the Notati		CE OF INJURY (Homa, fairry, streat, office bldg., at		(County)	(Steta)
Hour a.m. While Not all work all all work all all all all all all all all all al	1 17 11110	, ,,			
21. I certify that I took charge of the remains de	escribed above, hel	d an Autopsy .	Inspection 2 1	nquiry , an	d in my opinion
death resulted from; Natural causes Acc	cident, Suicid	de, Homicide	Undetermin	ed manner	
15010 4		CHIEF MEDICAL	EXAMINER		
SIGNATURE NE MUSICIO	7	M.D.	DICAL EXAMINER	61	DATE SIGNED
EXAMINER'S TO FINITE TO	6 9		AL EXAMINER (), city, town, or county)	117	161
22a. BURIAL, CREMATION 22b. DATE THEREOF 22c. N.	AME OF CEMETERY OR		22d. LOCATION (City,	town or country)	(State)
Burial May, 14, 1961 St	.Paul's I	Lutheran	Myersville	Fred .C	o.Md.
Jank J. Bulle	DDRESS		CB BY TEGISTRAR 246.	REGISTANS'S SIGNA	THE STATE OF THE S
Paul F. Bittle, My	rersville,	Md DATE			



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECO CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY Washington a. COUNTY Washington by the and 2 seath, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 by write RURAL end give neerest town) Hagerstown days Williamsport .⊆ ... Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Manor Rest Home Greencastle papers. 3. NAME OF completel DATE Middle Month DECEASED OF (Type or print) DEATH May Anna Mary Forsythe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) pue Female WIDOWED A DIVORCED March physician se remove de 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Co. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending pue Peter Trumpower Malinda Traver Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Greencastle PikeRFD moval, (Yes, no, or unkown) | (Ifyesgive weror detes of service) Forsythe Williamsport None Mr. Rov the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] è PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY prior 20a. ACCIDENT WAS UNDERLYING TI | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D. m. may be retain DIRECTOR: 10.4.2.5....19.6.1.., and that death occurred av. 10.5. M, from the causes and on the date stated above. the deceased alive on... shoul 220. SIGNATORE ATTENDING PHYS. DIRECTOR PHYS. TO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, | 23b. DATE THEREOF (Specify) Pauls Cemetery Near Clearspring 29 May 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

YES NOT

Year

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IF UNDER 24 HRS.

Hours

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ONSET AND DEATH

PERFORMED? NO [

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DATE

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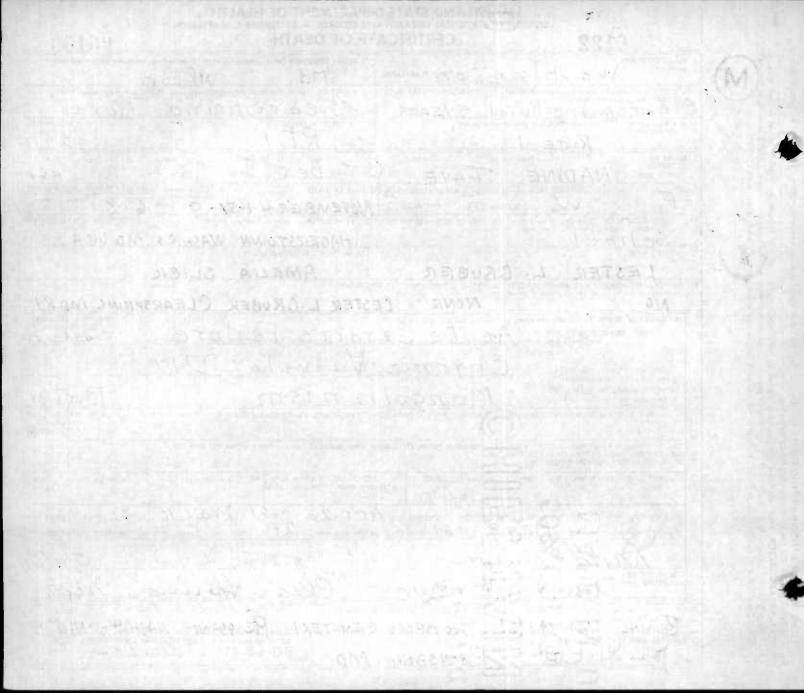
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

DECNSBORD

OF DEATH			06109		
USUAL RESIDENCE (Where deceased lived.	If institution:	Residence	before	admission	

The second secon		
1. PLACE OF DEATH WASHITTQ TOTT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence beloo. STATE b. COUNTY	fore admission)
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 PRIRAL and give nearest town) PRIRAL ond give nearest town) PRIRAL SPRING RUTAL SYEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROUTE	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NADINE TAKE	TUDET OF DEATH Mary 10	Day Year 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEA lost birthdoy) Mogths Days Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN CO. M.D. U	OF WHAT COUNTRY?
LESTER L. CRUBER	AMELIA SLICIC	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	STER L. CRUBER CLEARSPRIAL	MD. R.I
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which)		TERVAL BETWEEN DISET AND DEATH DUGGE TI
gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO (c) MO77901	ianism]	Birth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture af injury in Part I or Port II of item 18.)	
	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunts ctary, street, affice bldg., etc.)	y) (State)
	Apr 26, 1961, to May 10, 1961, death accurred at 2P.M., from the causes and on the da	
22a. SIGNATURE DEVELOPED 122c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS.	5/11/6/
NAME (Type) David R. Brewey	- Clear Spring,	Md.
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BOOKS BORD	CEMETERY BOONSOND WASH, CO	(State)
24. FUNERAL PIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	MD. DATE AY 15'61 25b. REGISTRAR'S SIGNAT Oribus & Kras	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	CERTIFICAT	L OI DEATH		
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Rural. Smithsburg	c. LENGTH OF STAY IN 16		utside corporote limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or Institution Smithsburg #2	1	d. STREET ADDRESS	thsburg #2	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) John	Middle Luther	Lost Hahn	4. DATE Month OF Ma	,
M = ====		. DATE OF BIRTH 3/29/1899	111000	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Painter	Db. KIND OF BUSINESS OR INDUST	Smithsburg		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
William Hahn		Harriett		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		ormant rs. Naomi Hah	n, Smithsburg l	
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause lost.	Ruptured Aort: Generalized A			instant 10 Yrs.
PART II. OTHER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u> BUT N	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in f	Port I or Port II of item 18.)	
Hour o.m. Wh	facet.	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this haspital) atters as the deceased alive an 4-17- 220. SIGNATURE	61_19, and that de	ath accurred at 9,00	M, fram the causes and	an the date stated abave
22c. PHYSICIAN'S NAME (Type) Charles F. H	less M.D.	22d. ADDRESS	arg, Maryland	
23g. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Burial 5/16/61	23c. NAME OF CEMETERY OR Bethel			rick Co., Md.,
24. FUNERAL DIRECTOR'S SIGNATURE	James boro		4 0 104	rar's signature

ATT by the funeral director, d 2 should be filed with Then pleose remove corbon popers. Poges 1 and may be revained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

ofter death. Page 4

TO HOSP VR A15 (4) 1SM 9/59

There's dell'aller S. S. S. Sanda S. S. . Series of the series of the series.

FOR STATE HEALTH DEPT. TO DEPUCY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH					L RESIDENC	E (Whare dece	ased lived, If	Institution: Ra	sidence be	fore admission
1		Vashington	MARYLA		• STATE Maryland b. COUNTY Washington					ton
V		if outside corporate limits,	c. LENGTH OF STAY I	N 1b c. CITY	OR TOWN (If	outsida corpora	te limits, write	RURAL and	give neere	st town)
_			30 years	3		gerstow	n) 3	
		s Landing	ol in hospitel, give street eddress)		Salem .	Ave.			-01	IS RESIDENCE ON A FARM?
3.	NAME OF	First	Middla	Lo		4. DATE	Month		Day	Yeer
	(Type or print)	LOUISE	LOY	HARMAN		OF DEATH	May		24	1961
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF B	IRTH	19. /	AGE (In years ast birthday)	IF UNDER 1 Y		NDER 24 HRS.
	Female	White w	IDOWED DIVORCED	March	18, 190	6 5	5 yrs.	Months Da	ys Ho	urs Min.
10 de	a. USUAL OCCUPAT ona during most of wo Tavern	ION (Give kind of work orking life, even if retired) Owner	10b. KIND OF BUSINESS OR IN		lorstow			CILLIA	S.A.	HAT COUNTRY
13	. FATHER'S NAME			14. MOTHE	ER'S MAIDEN N	IAME				
	Silas	W. Loy			Lil	lie A.	Spring			
		ER IN U.S. ARMED FORCES fyes give were released serving		17. INFORMAN	T		Address			
11	no	t Aez & se met ot detez ot set At	218-30-9849	Mrs. Ma	rgaret	Hardy	Hager	stown,	Mary	land
-	18. CAUSE OF E	EATH [Enter only one cau	use per line for (e), (b), and (c).]							L BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Athero	sclerosis	Seven	ro			Lec	AND DEATH
	4201	DUE TO	VIII VIII VIII VIII VIII VIII VIII VII		CYCL					3110
	Conditions, if any		Ischemic Fibros	is of Mire	aandiw	27				
	geve risa to Immedi	ala cause	TSCHEMENT TIDIOS	TO OI THE)Cararu					
	(a), stelling the u	nderlying DOE 10								
z		S SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMINA	AL DISEASE CO	NDITION GIV	EN IN PART 1	(e) 19. W	AS AUTOPSY
CERTIFICATION								T. E.		ERFORMED?
	20e. EXTERNAL CAPRIMARY ☐ or CCCCAUSE OF DEATH.		DESCRIBE HOW INJURY OCCUI	RED. (Entar nature of	I Injury in Part I	l or Part II of ita	m 18.)			
MEDICAL	20c. TIME OF INJU	RY Month, Dey, Year	20d. INJURY OCCURRED 20 While Not While at work at work	e. PLACE OF INJUR factory, street, of			town)	(Count	у)	(State)
		nat I took charge of the	he remains described abov	e, held an Auto	psy A, I	nspection	, Inquir	у П.	and in m	ny opinion
	death resulted	from: \(\) Natural cause	es , Accident ,	Suicide ,	Homicide [, Unde	termined m	anner 🗍		
		10	n x	СНІ	IEF MEDICAL EX	CAMINER [
	ACTUAL SIGNATURE	delle/	(Ulla)	M.D. ASS	SISTANT MEDIC	CAL EXAMINER			DATE	SIGNED
-	EXAMINER'S				UTY MEDICAL I	EXAMINER 🔀		5-27-61		
	NAME (Type)	Dr. E. W. Di	tto Jr	Add	drass (Street, clt			•		
22	REMOVAL (Spacify	DN, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATOR	2	22d. LOCATIO				(State)
	Burial	5/29/1961	Sharpsburg I	National (Sharps			Maryl	and
253/	Suter - Ros	üzer Funeral	Home Hagerstown	. Maryla		BY REGISTRAL		ISTRAR'S SIGI		
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ACCESS AND ELECTED SECURITY OF THE PARTY OF THE PARTY OF

TO DEF MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any decorporation, is necessary, please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral perform. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the registrar prior to burial, cremation,

6125

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 16112

	1. PLACE OF DEATH	ashington	MARYLAND	O. STATE	there deceased lived. If institution and b. COUN					
	and give nearest town	outside corporate limits, write I		c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Hagerstow		Life		rstown					
L		Washington	not in hospital, give street address), Street	d. STREET ADDRESS 701 W. Wa	shington Stre		RESIDENCE N A FARM?			
1	3. NAME OF DECEASED (Type or print)	First GEOR GE	Middle RUSSELL	HARR, Sr.	4. DATE Mon OF DEATH MAY	th Doy 10	Year 1961			
	5. SEX		MARRIED NEVER MARRIED		9. AGE (In years lost bighday)	IF UNDER TYEAR IF UN Months Days Hours				
	Male	MITTER OF	WIDOWED DIVORCED	October 29, 1						
	during most of working Pipe Fitter	N (Give kind of work do life, even if retired) 	Railroad	Hagersto	wn, Maryland	U.S.A.	T COUNTRY?			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		- 11-11-11-11-11-11-11-11-11-11-11-11-11			
	G	eorge Frank	lin Harr	Lucill	e Mc Galliste	r				
9	15. WAS DECEASED EVE		CES? 16. SOCIAL SECURITY NO. 17.	Seorge R. Harr	Addres	stown. Md.				
	18. CAUSE OF DEATH	H [Enter only one cause I WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (d)	hung		INTERVAL BET	WEEN DEATH			
41	Conditions, if an gove rise to immedi	y, which (b)								
	couse lost.) (c)								
4	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WA	ORMED?			
1	200. EXTERNAL CAUSE PRIMARY DO OF CON CAUSE OF DEATH.	SE WAS TRIBUTING 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter notive of injury in Port	For Port II of item 18.)					
	20c. TIME OF INJURY	(5/w/i	Trille I do! willie I//	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (Citý or town)	(County)	(Stote)			
		10/616	of work of work	Stone	Haguston	in Worlingto	114			
30			of the remains described ab				find that			
50	death resulted	from: Natural co	auses , Accident , Su	licide , Homicide	/. Undetermined	cause [].				
1	ACTUAL SIGNATURE	1. 200	Dett Ja	M.D. CHIEF MEDICAL EX	7	DATE	SIGNED			
2	EXAMINER'S NAME (Type)	E. W. Dit	to. Jr.	DEPUTY MEDICAL E		11/61				
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (St	ote)			
	Burial	5/12/1961	Rose Hill Ce	emetery	Hagerstown,	Maryla	nd			
8	23. SUNERAL DIRECTOR'S		1 Home Hagerstown		V 1 6 101	ISTRAR'S SIGNATURE				

VS. A15ME(5) 5M 9/55

or removal.

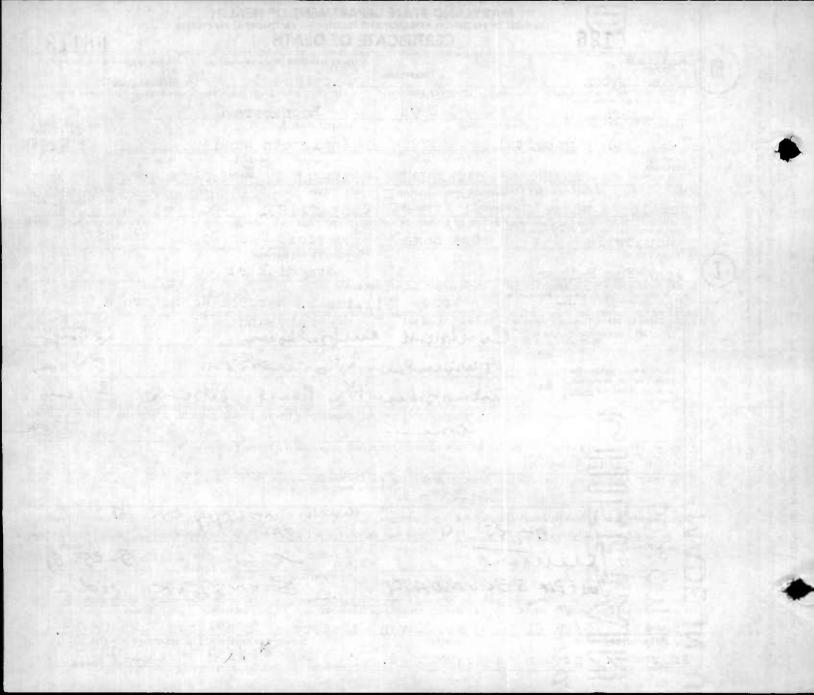
OF REALTH BALTIMORE, 18		
STANDARD OF DEATH STANDARD	AT EXAMINER'S CE	DIGA CARREST
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6125

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	PLACE OF DEATH O. COUNTY Washings	ton		MARYLAND	2. USUAL RESIDENCE o. STATE Mary ar	1	PACOUNTY		ore admission)
1	b. CITY OR TOWN (I	f outside corporate limits,	write c. LENGTH C	OF STAY IN 16	c. CITY OR TOWN	THE SAME	prote limits, write R	URAL ond give ne	earest town)
	RURAL ond give ne		3 1	Davs	X Boos	nsboro	B # 9		
-	d. NAME OF HOSPIT	AL (If not in hospital, give		- 60 / 5	d. STREET ADDRES		AS II D		e. IS RESIDENCE
	OR INSTITUTION	. +	0.7		1 10007 - 4	- D			ON A FARM?
=		nty Hospit	a1		Appleto		10		YES DXNO
3.	NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Mon	ith D	ay Yeor
L	(Type or print)	SARAH	CATHE	RINE	HARRELL	DEATH	May 24	1961	19
S	. SEX	6. COLOR OR RACE 7	MARRIED NEVER	MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		R IF UNDER 24 HE
	Female	White w	HOWED D	IVORCED 🔲	Jany 27. 1	901	60 yrs.	Months Days	Hours Min.
10	during most of work Housewi	ON (Give kind of work dorking life, even if retired)		iness or indu	cearfos	9.67	0 3/2	US US	F WHAT COUNTR
13	3. FATHER'S NAME			1000	14. MOTHER'S MAID	DEN NAME			
	John Edw	Palmer			Eva R	lickard	Call Dist		
15		R IN U. S. ARMED FORCE	S? 16. SOCIAL SECUE	RITY NO. 17.	FORMANT		Add	ress	
T	Yes, no, or unknown)	(If yes, give war or dates of servi	Non	e Wi	lliam L.	Harrel	1 Boons	boro R	# 3
=		ma fe			112000				FEBURAL BETTAREN
		ATH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carela	ue 1	mbeli	, we			TERVAL BETWEEN
	Conditions, if o gove rise to it couse (o), stating	mmediate (Auric	ulu	piboil	est.	n C	3	7 cos
П	lying couse lost.	(c)_	Untro.	selev	ric he	ort	onen	-	Jens
ATION	PART II. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
CEPTICICATION		AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter noture of injur	ry in Port I or Po	rt II of item 1B.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCUR While Not while of work of work	£	ACE OF INJURY (Home, story, street, office bldg.		y or town)	(County	r) (Sto
	21. I certify the saw the deceos	ot (I) (this hospital) ased olive on	22 4		leath occurred of	, 19 57 , tal			hot (I) (we) la e stoted abav 22b. DATE
	4	fecut.	ver		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5-	5. 61 GN
	22c. PHYSICIAN'S NAME (Type)	JOSEPH S	ECONI	ARI	22d. ADDRESS	Soon	SBOK	20 H	d_
2	30. BURIAL, CREMATIC REMOVAL (Specify) Burial	5/27/61	23c. NAME (of CEMETERY C	Cemetery	YT	erstown	or county) Wash Co	(Stote)
2	4. FUNERAL DIRECTOR	'S SIGNATURE	ADDRES	S	2So.	REC'D BY REGIS	TRAR 256. REGI	STRAR'S SIGNAT	URE
	Andrew K	: Coffman	Hagersto	n ld.	DATE	E MAY 2 S	61	Tenhan S. +	Trans



TO HOW ITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH	2	. USUAL RESIDENCE	CE (Whare decessed lived, If	institution: Residen	ce before edmission)
/	a. COUNTY		a. STATE	b. COU	NTY	175×00
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA		/enns	Y/AVANIA	to DUDAL and also	
	write RURAL and give nearest town)			outside corporata limits, wri	ie kukat end give i	nearest town)
1	Williamsport Zyne. 2ms.	exue,	IS Blue X	idec dom:	mit	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ress)	d. STREET ADDRESS			. IS RESIDENCE
1	Williamsport Sanitarium		mont	eray Lane	2	YES NO TA
3.	NAME OF First Middle DECEASED		Last	4. DATE Mon	h Day	Year
	(Type or print) FVA JANE	H	ondlow	DEATH May	8	1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D 8. D	ATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	Temale white WIDOWED DIVORCE	-	nurary 13 1	1876 85 yrs.	Months Days	Hours Min.
10a	. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR	RINDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country	12. CITIZEN O	F WHAT COUNTRY?
00	ne during most of working life, even if retirad)	: - /	"nstlata	V. Vermont	12.5.	A
13	FATHER'S NAME		MOTHER'S MAIDEN		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	William Smith		1110 9		JANE	PARKS
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INF	ORMANT	Addres	5	,
sY)	is, no, or unkown) (Ifyesgive war or dates of service)			17 77 70		
		NOI	man B. Head	dley Blue Ric	ige Summit	t, Pa.
	18. CAUSE OF DEATH [Enter only one cause per line tor (a), (b), and (c	c).]	*		INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	cem	· A			3045
	199X DUE TO 0		1	CI		2.12
	Conditions, if any, which \ (b) Recto	- CU	toneou	s tistu	19	LWN
	gave rise to immediate cause	4				1 -
	(e), starting the underlying	ino	ma?		E 900 III	141
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT R	ELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(a) 1	9. WAS AUTOPSY
12						PERFORMED?
2						YES NO
CERTIFICATION	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING SAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (E	nter netura of injury in h	'aff I of Parf II of Itam IS.)		
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		OF INJURY (Home, farm		(County)	(Steta)
MEDICAL	Hour a.m. While Not While at work at work	factory	, street, office bldg., atc.			
Z	p.m. 19 at work at work		4-13	40 0		
	21. I certify that (I) (this hospital) attended the decease			19.27 to	19.50.6, t	
	saw the deceased alive on	and that de	eath occured at	P.A.M., from the causes	and on the da	ate stated above.
	22a. SIGNATURE		ATTENDING . A	AED. STAFF	491	22b. DATE
	Westerner	M.D.		RECTOR PHYS.		5-8-6
	22c. PHYSICIAN'S	1. 1	22d. ADDRESS	. 1 .	4	MI
	NAME (Type) M. E. BYK		le:	Midmed	OV	Ma.
23		EMETERY OR	CREMATORY	23d. LOCATION (City, 1	own or county)	(Stete)
	REMOVAL (Specify) Stilled Russ		METERN	NEW BER	ENDO	14/155.
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	LUE	METERY 250 REC	'D 8Y REGISTRAR 25b. R	EGISTRAR'S SIGNA	TURE
24	North 41 4	0		- 101	arthur S. K	
1	116000 7 15100 216410000	10/10	DATE	AY 1 8 '61	COXXIII /3. 101	
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TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the funeral be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Phin 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6128 CERTIFICATE OF DEATH 6128 06115

1. PLACE	OF DEATH					institution: Residence before edmission)				
	Washington		MARYLAND	•. STATE Maryland b. COUNTY Washington						
b. CITY C	OR TOWN (if outside corporete lim RURAL and give neerest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
	gerstown OF HOSPITAL OR INSTITUTION		life	Hag	gerstown	0.3				
d. NAME	OF HOSPITAL OR INSTITUTION	if not in hos	pitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Wasl	nington County H	ospite	ı	1043 Sprud	e Street	YES NO				
3. NAME	SED		Middle	Last	4. DATE Month	Day Year				
(Typa or	1 767307		ALEXANDER	HENSON	реатн Мау	21 19 61				
5. SEX	6. COLOR OR RACE	7. MARRIE	THE LICEN WANKIED	DATE OF BIRTH	9. AGE (In years last birthdey)					
male	white	WIDOWE	D DIVORCED	july 6, 1914	17 yrs.	Months Deys Hours Min.				
10a. USUAL	OCCUPATION (Give kind of wor most of working life, even if retire	k 1Db. KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	conic Inspector	E	ectronic Manuf	actor. Hage	erstown, Md.	U.S.A.				
13. FATHER	'S NAME			14. MOTHER'S MAIDEN	NAME					
	Leo Henson			Ina	Poffenberger					
	CEASED EVER IN U.S. ARMED FOI unkown) (Ifyesgivewerordetesof		SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
no	dinowit) (ityesgive well of deles of	2]	.5-09-7301 N	irs. Alice He	nson Hagerst	town, Maryland				
18. CA	LUSE OF DEATH [Enter only one	ceuse per l	ine for (e), (b), and (c).}			INTERVAL BETWEEN				
PA	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	60	bus busie	mas con	inil terluce	(10 - 15 ch				
5	92X DUE TO		. 1 51			5				
Condition	ons, if eny, which \ (b)	J.	en could the							
-	ting the underlying DUE TO			THE REST	0 11 -					
ceusa la		Chi	our glaim	enco ulph	in tu	lo-year				
Z PAI	RT II. OTHER SIGNIFICANT COND	TIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	(EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
EV.						YES NO				
OR CON	CCIDENT WAS UNDERLYING THE NAME OF DEATH CERT OF THE NAME OF THE N	2Db. DES	CRIBE HOW INJURY OCCURED	(Enter neture of injury in	Part I or Pert II of item 18.}					
₹ 20c. TI	ME OF INJURY Month, Day, Ye	1		CE OF INJURY (Home, ferm		(County) (State)				
WEDICAL	lour a.m. 19	While at wor	- ITOI WILLIAM	ory, street, office bldg., etc.	•)					
		ital) atten	ded the deceased from	180 27	1961 to 184 21	, 19.6./., that (I) (we) last				
						and on the date stated above.				
	GRATURE (J V		Joann Joeda G. J. J	72, 110 110	22b. DATE				
20	luar Co. 2	114	at all M	D. PHYS. 22d. ADDRESS	TRECTOR PHYS.	5/22/6/				
	AME (Type) W. Ditt	0 111	M. D.		Washington	St.				
23e. BURIA	L, CREMATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)				
Bur:		61	Rest Haven Ce	metery	Hagerstown	Maryland				
	Director's signature Rouzer Funer	al Hom	ADDRESS	25e. REC	MAY 3 1 '61 256. REG	GISTRAR'S SIGNATURE				
- dec	while sough		Hagerstown.	rid.						

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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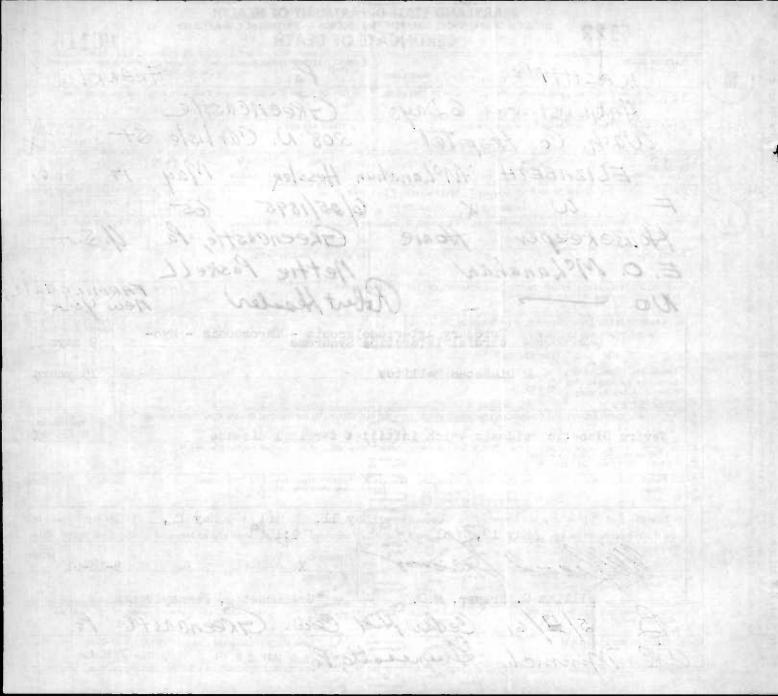
-					
1. [PLACE OF DEATH O. COUNTY WASHTNETON MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY		fare admission) Kly
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) AGERS Fown 6 Days	c. CITY OR TOWN (IF o	outside corporate limits, write R	URAL ond give no	earest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR TO	208 N	Carlisle	5+	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ELIZABETH MCLanal	han Hessler	4. DATE OF May	th 17	Day Year 196/
S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	6/25/189	9. AGE (In years last birthdoy) 5 yrs.	Months Days	AR IF UNDER 24 HRS Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	USTRY 11. BIRTHELACE (Stote	ar foreign country) Pa.	12. CITIZEN	S.A
13.	FATHER'S NAME E. O. McLanahan	14. MOTHER'S MAIDEN N Nettre	Paskell		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. ([£ xas, give war or dates of service]	West Hess	ler Add	ress FARI	York.
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CORONARY Arteric IMMEDIATE CAUSE (a) Cardial Infarct	osclerosis - T	hrombosis - My		NET AND DEATH
	Conditions, if any, which gove rise to Immediate cause (o), stating the under-lying cause lost.	5			15 years
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Severe Diabetic Acidosis which init: 20c. ACCIDENT WAS UNDERLYING	iated terminal	disease	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
A CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		PLACE OF INJURY (Hame, farm actory, street, office bldg., etc		(Caunt)	y) (Stote
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an May 17, 1961, and that	May 11, 19	61 to May 17, 5M, from the causes or	, 19.61 , i	that (I) (we) las
H	220. SIGNATURE PROPERTY	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	5-1	226. DATE SIGNEI 18-61
	22c. PHYSICIAN'S William C. Brewer, M.D.	22d. ADDRESS Green	castle. Pennsy	lvania	
230	BURIAL CREMATION, 23b. DAJE THEREOF 23c. DAME OF CEMETERY, REMOVAR (Specify) 5/2/6/ CEGAN		23d LOCATION (City, town, GREENCA		PE.
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11 .0		STRAR'S SIGNAT	TURE

ofter death. Page 4 in by the funeral director, and 2 shauld be filed with TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be recaised by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death.

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VR A15 (4) 1SM 9/S9



VR A1S (4) 1SM 9/59 6130

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Ur	STATISTICAL	KESEARCH	AND K	ECOKD\$	- BALTIMORE
	CE	RTIFIC	ATE	OF D	EATH

1. PLACE OF DEATH o. COUNTY Washing	ton	MARYL		o. STATE Mary		- 13	lived. If institut b. COUNTY			e odmissi gtor	
b. CITY OR TOWN (If outside corpor RURAL ond give nearest town)	ote limits, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOW	N (If outsi	ide corpora	ate limits, write F	RURAL and	give nea	rest town)
Hagerstow	n	Life	15	Hage	rsto	own					
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION		et address)		d. STREET ADDRE				# (4 °)X		. IS RESI	IDENCE FARM?
Western Marylan	d Stat	e Hospital		430	E.	Fran	klin S	St.	71-1		NO
3. NAME OF DECEASED	First	Middle		Last	4.	DATE OF	Mai	nth	Day	, Y	Year
(Type or print)	mar	7 -1 7000 -1		toffman		DEATH	17	2014	2,	1	1961
S. SEX 6. COLOR OR	RACE 7. M	RRIEDE NEVER MARRIED	B.	DATE OF BIRTH		9	. AGE (In years last birthday)	IF SUDER		1	
Female Whit	e WIDO	WED DIVORCED	□ J.	1v 1. 1	891		69 yrs.	Manths	Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of	f wark dane 10	b. KIND OF BUSINESS OR	INDUSTR			foreign cou	intry)	12.CIT	ZEN OF	WHATC	OUNTRY
during most of working life, even if	renreal	Own Home		Hager	rsto	wn,	Md.				
13. FATHER'S NAME				14. MOTHER'S MAIL						A	
Jacob Semle	er			Anna I	Lum						mm0110 3 . a
15. WAS DECEASED EVER IN U. S. ARM		16. SOCIAL SECURITY NO.	17. INFC	RMANT			Add	Iress			
(Yes, no, or unknown) (If yes, give war or	dates of service)	none	Art	hur Hof	fman	Sr.	Hager	stow	n,	Md.	
18. CAUSE OF DEATH Enter only	one cause per	r line for (o), (b), and (c).]							INTE	RVAL BE	TWEEN
PART I. DEATH WAS CAUS	ED BY:	Lobular a	nsili	nealin						ET AND	
3 3 IMMEDIATE C	NO3E (a)	-osaccus pr	1201	101010						0	7.0
2 6 10	DUE TO	0.1.		halisa				_	1 18	9 1	
Conditions, if any, which gove rise to immediate	(b)	Pulmonak	4-6	100145				3	0	2 OVA	43
couse (a), stoting the under	DUE TO									6	
lying couse last.	(c)	Otherosciera							211	nen	ouin
PART II. OTHER SIGNIFICAT	NT CONDITION	IS CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	TERMINA	L DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 11	PERFO	RMED?
3 (i) Wiabetes me	likis	(3) cerebral								YES 🔀	NO 🗆
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UIF EITHER, NOTIFY MEDICAL EXAM	DEATH	DESCRIBE HOW INJURY OC	CURRED.	Enter noture of inju	iry in Par	t I or Port	II of item 18.)				
20c. TIME OF INJURY Month, D Hour o. m.	ay, Year 20d Wh			E OF INJURY (Home		20f. (City	or town)	(County)		(Stote
₩ p. m.		vork at work					70±111				
21. I certify that (I) (this ha	aspital) atte	nded the deceased f	ram a	pril 19	. 196	/ . ta /	may 2	196	L. th	at (1) (we) las
saw the deceased alive ar	may	2,196/ and	that dec	th accurred at	12'5M	from t	he causes a	nd an the	e date	stated	abave
22a. SIGNATURE	0					,	ne edoses di	id dit iiii	c daic		b. DATE
Vie	tur o	L. Rama	e) M.	ATTENDING D. PHYS.	MED.	CTOR 🗆	STAFF PHYS.	N	Day	2119	SIGNE
22c. PHYSICIAN'S		. Ramos, r		22d. ADDRESS			mdist	ate H	0501	tel	
23a. BURIAL, CREMATION, 23b. DATE		23c. NAME OF CEME					ON (City, town,			(State	e)
Burial 5-4.	-	Rose Hil			1		gersto		Md		-
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		250	REC'D E	BY REGISTR		ISTRAR'S SI			
Scott F. Minnich	1 & So	n Hagerst	own,	Md. DAT	TE MA	Y 5 '	61	Irilium.	S. 14	alla	

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		Seelf (Mg	
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The contacts		IIIII STORE	re-i-s Invited
	THE THE SELECTION.		aw naturi Vt raes

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6131

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06118

1. PLACE OF E	900	9,50 %			MARYLAND		USUAL RESID	DENCE (Wh	ere deceased		institution	n: Residen	ice befor	re admiss	ion)
1 CITY OR	Washing	7.7.55				-	. IVI.	aryla	and			Wash	ing	ton	
	TOWN (If outside co d give nearest town)		write c.	LENGTH OF	STAY IN 18	1	c. CITY OR 1		1			RAL and	give nea	rest fowr	1)
	erstown				ay		Ha	gers	town	Rt.#	ŧ3				
d. NAME O	F HOSPITAL (If nat in	n haspital, give	street add	ress)			d. STREET A	DDRESS						e. IS RES	FARM?
	shingtor	Co	Hosp:	ital			Sha	rpsb	urg P	ike					NO 🛚
3. NAME OF DECEASED		First		٨	Middle		Los	t	4. DATE		Manti	h	Da	у	Year
(Type ar pri	nt) SI	JSAN	JAI	NE .	HOPK:	INS			DEATH		May	24			1961
S. SEX	6. COLOR	OR RACE 7	- MARRIED	NEVER A	MARRIED X	8. D/	ATE OF BIRTI	н		9. AGE (I		IF UNDER			
Fema	le Whi	Lte v	VIDOWED [DIV	ORCED	(Octob	er 1	0,194		yrs.	Months	Days	Haurs	Min.
10a. USUAL OC	CUPATION (Give kinst of working life, eve	nd of work do	ne 10b. KIN	D OF BUSIN	ESS OR INC	DUSTRY	11. BIRTHPL	ACE (State	or foreign co	ountry)		12.CIT	IZEN OF	WHAT	OUNTRY
	tudent	en ii retireo)	-				Balt	imor	e Cit	v.N	la.rv	land		US	A
13. FATHER'S N						14	. MOTHER'S			4. 2.					
11147	liam A.	Honkit	na T	77			Ru +	h E	Host	9++6	יד ב				
	ASED EVER IN U. S.				TY NO. 17	INFOR			11030	000	Addre	44 777		~	2 -
(Yes, no, or unknow		or or dates of servi		LIAE SECONII	1110.			Λ	Hamle	d ====					.ld.
No	qualitar speci					100	illia	III A.	порк	ins	Rt	.#3		ers	
	E OF DEATH [Enter		e per line fo	or (o), (b), on	nd _(c).]								INTE	RVAL BE	TWEEN
PA	RT I. DEATH WAS CA	AUSED BY: 'E CAUSE (o)_	un	Alm	in								1.1	4 4 0	au
50	460	DUE TO	,	1,911	Λ			1	= 300			Digit.			
Conditio	ins, if any, which)	al	10.110	Mal		12/ V	1-	1500				12	IV	1/
gove ri	se to immediate	(0)_	7	Charles .	mar.	- V	Copper a	and a	-				-	7	40
lying cas	, stoting the <u>under-</u>	DUE TO	- ()				U							V	
	II. OTHER SIGNIFI) (c)_	TIONE CON	TOIDITING T	TO DEATH R	LIT NIOT	DELATED TO	THETERAL	NIAL DICEAC	CONDIT	TONI CIVE	ENT INT DAG	T 1/a) 1	D VA/AC	ALITOPEN
OF C	III. OTHER SIGNIF	101		4	IO DEATH B	UI NOI	KELATED TO	THETEKMI	NAL DISEAS	E CONDII	ION GIVE	EN IN PAR	(1 1(0) 1	PERFC	RMED?
2			Pllu											YES [NO.
VO PAI	DENT WAS UNDERLY RIBUTING [] CAUSE NOTIFY MEDICAL E	OF DEATH EXAMINER)	0b. DESCRIB	BE HOW INJU	URY OCCUR	RED. (E	nter noture o	f injury in f	Port I or Port	t II of item	n 18.)				
20c. TIME of Hour	OF INJURY Manth,	Doy, Year	20d. INJUI	RY OCCURRE	ED 20e.	PLACE	OF INJURY (Home, farm	, 20f. (City	or tawn)		(County)		(State
Hour	o. m.	19	While	Not while		factory,	street, affice	bldg., etc.)						
	p. m.		at wark	,					i	,		-			-
21. I cert	tify that (1) (this	haspital)													
	deceased alive	an5/2	24/61	_ 19	and that	t deat	h accurred	AQL to b	M, from	the cau	ses and	d an the	e date	stated	abave
220. SIGN	ATURE	Min	ME	el i	May)	M.D.	ATTENDING	G ME	ED.	STAFF PHYS.	П	5	/24		b. DATE SIGNE
22c. PHYSI			, ,	.1	a land		22d. ADDRI		Teron D		_	- 0,	LATI	U	•
	(Type)	100 - 1 - 1 -					136	N. Po	tomad	s St	Ha	ger	stor	wn.	vid.
00 0110111 0	oward N.	Week!	3 , M.	1		00.60									
REMOVAL BUTI	REMATION, 23b. D. (Specify)	5/27/6	1	Rose			enaloky enete	rv	23d. LOCAT	EAT 9		197	sh.	(Stot	lad/
	IRECTOR'S SIGNATU	IRE		ADDRESS		-	-		D BY REGIST		Sb. REGIS		GNATUI	RE	
Andr	ew K. Co	ffran	Halle	orato	m l	77		DATE M	AY 29	61	0	71			
	0111	7 T 11 TA 1 1	1100		44 4	J. 8		1				thung	ton	sud	

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6132

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06119

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	o. SJATE Maryland	deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HageIstown	10 Days	c. CITY OR TOWN (If outsi	de corporote limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Wash County Hospital	117	d. STREET ADDRESS Fairground	l Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLIAM HOV	Middle HC	RN Lost 4.	DATE Month OF DEATH May 15	/
S. SEX 6. COLOR OR RACE 7. MARRIED Male White WIDOWED	DIVORCED B.	PATE OF BIRTH Ceby 27 1889	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector 13. FATHER'S NAME	iquor Boar	Y 11. BIRTHPLACE (Stole or It Hagers to W	m Wash Co	12. CITIZEN OF WHAT COUNTRY
Frank A. Horn			Poffenberg	er .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] NO If yes, give war or dates of service) 16. SOCIAL 17. SOCIAL 18. SOCIAL 19. SOC			Addre 1 1505 Dual	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	DT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port		
		E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County) (State
220. SIGNATURE Fand W 22c. PHYSICIAN'S		attending Med.		d on the dote stated above 22b. DATE SIGNED
NAME (Type) Howard N. Wee		136 N. Po	tomac St., H	Hagerstown, Md.
Burial 5/18/61 Ros	e Hill Ceman	etery	d. LOCATION (City, town, or Hagerstown	THE STATE OF
Andrew K. Coffman Hager		DATE	Media Koris	Littury S. Pirana

to be and a record which the state of the second state of the second second A CONTRACT OF LAND OF THE PARTY 5/15/61 9/02/60 0F. And the state of t 56.61 \6 Howard M. Wooks, M.D. - 186 M. Potoman St., Mayerstonn, Mis.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06120

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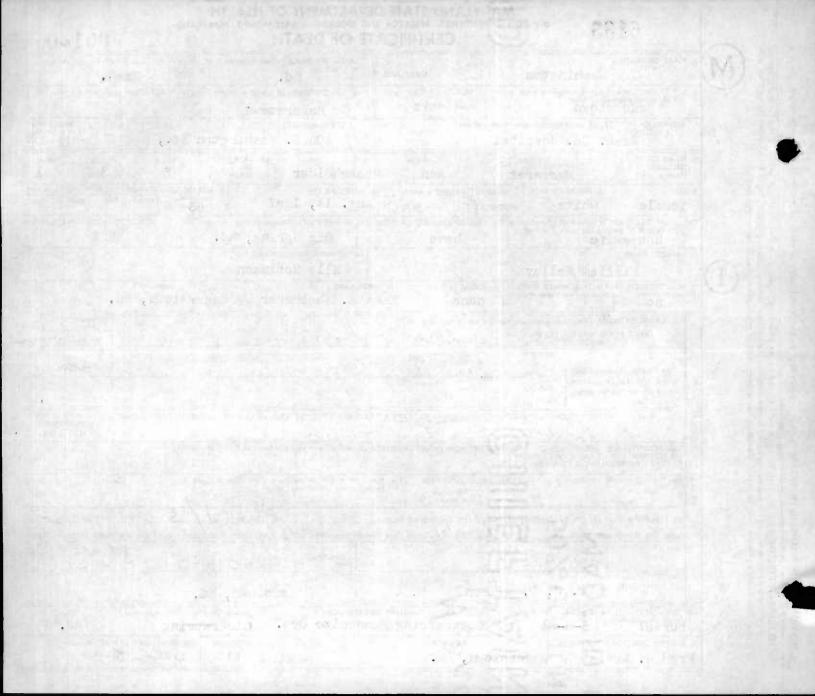
may be retained by the hospital or ottending physicion. **3 FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

ofter death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

HC	oy be	FUNE	poge 3
0	E	10	ā.
VR 15	A'	9/4	(4)

1, PLACE a. COL	OF DEATH UNITY	Washington		MARY	200	a. STATE	Md.	nere deceased	d lived. If institut b. COUNTY			re admiss	sion)
b. CITY RUR	Y OR TOWN (III AL and give ne Hagers	f outside corporate limit arest town) COWN	ts, write	c. LENGTH OF STAY 4 days	IN 1b	1	rown (IF d		rote limits, write l	RURAL ond	give nec	irest tawi	n)
d. NA	INSTITUTION	AL (If not in hospital, g		address)		STREET A		Vashin;	gton St.	,			FARM?
3. NAME DECEA (Type of	OF ASED or print)	Margar		Middle Ann	Но	usehold		4. DATE OF DEATH	Mai 5		3		Year 1961
5. SEX fem	ale	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIE	D B.	ug. 14,		7	9. AGE (In years last birthday) 63 yrs.	Manths	Days	Haurs	ER 24 HRS Min.
durin	al OCCUPATION of work housewi	ing life, even if retired)	dane 10b.	kind of Business o	R INDUSTR			or foreign of	_	12. CIT	USA		COUNTRY
13. FATHE	er's NAME Will	iam Kelley					MAIDEN N						
(Yes, no, or		R IN U. S. ARMED FOR (If yes, give war or dates of se		none		E. Sho	oemake	er	Hagersto	wn, Mo	d.		
Coi		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mmediate		ne for (0), (b), and (c). Cerlified Leverely	The	arter	~~!	liros	is		INTE ONS 4	lla	DEATH WALL
CERTIFICATION OB OO.	ACCIDENT WA	Ciulet	0	CRIBE HOW INJURY OF	2 4	Hyp	ite	new		VEN IN PAR	RT 1(a) 1	PERFC	AUTOPSY DRMED?
-	THER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Yea	While	NJURY OCCURRED Nat while	20e. PLAC facta	E OF INJURY (Hame, farn e bldg., etc	n, 20f. (City	y or town)	(Caunty)		(Stote
22a.		ed alive an	5/3		that dec	ATTENDING D. PHYS. 22d. ADDR	G M D D	M, fram	the causes a			stated	d abave Sb. DATE SIGNE
23a. BURI	IAL, CREMATIO	Dr. J. D. N. 23b. DATE THERECO 5-6-61		Son M. I	ETERY OR (CREMATORY			, Md. TION (City, town, earspring			(Sta	
24. FUNE	ral director		erst	Address own, Md.				D BY REGIST	TRAR 25b. REG	ISTRAR'S SI			4



FOR STATE HEALTH DEPT.

6134

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			6.2	10	- 1	6 3	10
_		No.	-17	D		1.	- 6
Ren	Dist	No	1	0	-8	CAR	- U

•	1. 1	COUNTY			2. USUAL RESIDEN	CE (Where deceased	lived. If institution: Resi	idence befo	re odmissian)
	,	WASHINGTON		MARYLAND	O. STATE NIA	RYLAND	b. COUNTY VALLE	36411	VCTON
	b	. CITY OR TOWN (If outside corporate limits, we and give nearest town)	IL RURAL C. LENGTH C	OF STAY IN 16	c. CITY OR TOV	and the same of the same of the same of	ote limits, write RURAL o	and give uer	prest fown)
		HAGERSTOWN	4 Ho	URS	VS L	AGERST	א אא א		
	d	NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDR	ESS	Z I X / X		e. IS RESIDENCE
1		WASH, Co. +	+OSPITAL		906	SUMM	UT AVE		YES NO NO
		NAME OF PECEASED	irst M	iddle	Lost	4. DATE	Month	Doy	Yeor
		Type or print)	ENT 1	-	HUFFER	OF DEATH	AAAII	5.	196/
	5. S	EX 6. COLOR OR RACE	7. MARRIED NEVER	MARRIED 1 8.	DATE OF BIRTH	9.	AGE (In years I IF UNDI	ER TYEAR	IF UNDER 24 HRS.
		MALE WHITE		ORCED 🔲	1014.12		(Months	1	Hours Min.
	10a	USUAL OCCUPATION (Give kind of world	done 10b. KIND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLACE	Stote or foreign coun	(ry) 12. C	ITIZEN OF	WHAT COUNTRY?
	-	uring most of working life, even if retired		A	NR R.		Manale ha	800	1,00
		MPLOVEE OF MO	VINC COMP	ANY	14. MOTHER'S MAII	ONSBORO	WASH CO	· KID ·	100
		1 44 5 5	11	1011335	14. MOTHER 3 MAII	DEN NAME			
1	15	a) · NIARK WOO	D HUFFE			RENCE	HUFFE	12	
1		WAS DECEASED EVER IN U. S. ARMED For no. or unknown) [If yes, give war or dates or		ITY NO. 17. INI	FORMANT '		906 SUN	MINIT	AVE
		YES W.W. I	214-09-6	805 MI	RS MARY	HUFFER	HAGE	STOV	CIM NN
		8. CAUSE OF DEATH [Enter only one co	ouse per line for (a), (b), and	(c).]					AL BETWEEN AND DEATH
		PART I. DEATH WAS CAUSED BY:	O Comminuted	Franture	Unner Do	real Spine	With	ON SET	hours
			Transection			TOUT ADDITION	2 14,3-1/41		I HOURS
				-				100	
		Canditions, if any, which gave rise to immediate cause	Hemothorax,	Bilater	<u>ar</u>				
		(a), stating the underlying DUE TO	Fracture Ri					100	
			o Multiple wi	the state of the s		The state of the s			
	ğ	PART II. OTHER SIGNIFICANT CO	ADITIONS CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIVEN IN PA	ART 1(o) 19.	WAS AUTOPSY PERFORMED?
-	3							YE	S NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	206. DESCRIBE HOW INJURY	OCCURRED. (En	ter noture of injury i	n Part f or Part II of i	item 18.)		
		CAUSE OF DEATH.	Bannister bro	ke falli	ng from 2	nd. floor	porch.		
	3	20c. TIME OF INJURY Month, Doy, Yo		RED 20e. PLACE	OF INJURY (Home	form, i 20f. (City or		County)	(Slote)
	MEDICAL	10:30 - May 2. 19	While Not whi	14 2	y, street, office bldg		W.	- la	25.7
1	<	21. I certify that I taak charg				Sti Hage		shi ngi	
1								riry [_],	and in my
		apinian death resulted from:	Natural causes [],	Accident [X	, Suicide	, Homicide _	, Undetermined	manner	
		ACTUAL A SI	10 DX						DATE SIGNED
		SIGNATURE	V LUCEW /	1	M.D. CHIEF MEDIC	AL EXAMINER			
		EXAMINER'S			ASSISTANT M	EDICAL EXAMINER			
-			Ditto. Jr.		DEPUTY MED	ICAL EXAMINER	May 6	, 196.	1
1	220	BURIAL, CREMATION, 226. DATE THERE		CEMETERY OR C	REMATORY	22d. LOCATION	N (City, lawn, or county)	(State)
V	1	DURIAL MAV.4.1	961 BOONS	BARA OF	METEN	1 BOONS	BARA INASH	CA.	MD.
1,	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	JUNE CI		REC'D BY REGISTRAL		GIGNATURE	
V	-	Jahn W. Bost	1300NSBOR	OMD	DA	F	anima 8, 9	Kanak	
(-	1		-	100	14 11 '61	Christ p. 1	Comme	

TO Dt. **EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delayer necessary, please execute certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiners. Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

PINIO RO STADIFICATE OF DEATH THE REST OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF Commence of the second of the

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MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISIO	NC	OF	STA	ATIS	TICAL	RESE	ARCH	AND	RECO	RDS -	— B	ALTIM	ORE	1, /	٧
					CF	DTI	FIC	Δ TF	O	E DI	FΔ	TH			

0199	CERTIFICA	TE OF DEA	ATH		()	6122
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDEN	CE (Where deceased I	L COUNTY	Residence befor	
b. CITY OR TOWN (If outside corporate limits, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporo	te limits, write RUR	AL and give nea	rest town)
RURAL 1. BIG POOL, MD	5 YEARS	RURAL	1	BIG POC	L. MD.	
d. NAME OF HOSPITAL (If not in hospital, give street addre		d. STREET ADDR	RESS			e. IS RESIDENCE
OR INSTITUTION RESIDENCE		NONE				YES NOT
3. NAME OF First	Middle	Last	4. DATE	Month	Da	Year
(Type or print) BRUCE	ZELLER	HULL	OF DEATH	MAY	29	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1882	4 4 5 4 6 4 4 5	Aonths Days	Hours Min.
MALE WHITE WIDOWED		SEPT. 5,	1843	18 yrs.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE	(State or foreign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY
	FARMING	WASH.	CO. MD.		U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME			
HENRY HULL			MARIA DE	ENNIS		
	AL SECURITY NO. 17.	INFORMANT		Address		
(Yes, no. or unknown)	-12-7465	MRS EDNA	SNYDER	RD. 1	. BIG	POOL, N
1B. CAUSE OF DEATH [Enter only one couse per line for		~	,			ERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Men	- 01-0	me la	attend	ONS	SET AND DEATH
IMMEDIATE CAUSE (o)	- Maria				-	was
1-0.0	10000		1-1/11	u-i-		11
Conditions, if ony, which gove rise to immediate (b)	10 919	2	2000			
couse (o), stoting the <u>under-lying couse lost.</u> DUE TO (c)	rtervorel	indie h	last de	ne	1	pars.
PAN II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BU	IT NOT RELATED TO TH	ETERMINAL DISEASE	CONDITION GIVEN	IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
3 festing of stones	1 myre	udial l	aprelia	1		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURR	ED. (Enter noture of in	ry in Port I or Port I	I of item 1B.)		
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	Y OCCURRED 20e. P	PLACE OF INJURY (Hom	ne, form, 20f. (City o	r town)	(County)	(Stote
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While of work	Not while of work	octory, street, office blo	dg., etc.)			
		26 App.	1961 to 8	2 May	10 61 4	at (I) (we) last
21. I certify that (I) (this haspital) attended	- (-1	- /	10			
saw the deteased glive and	196 and that	depth accurred a	M, fram f	ne causes and	an the date	22b.DATE
100000	2 has	ATTENDING	MED.	STAFF PHYS.	24 14 .	SIGNED
220 PHYS MAN	myr	M.D. PHYS. X	X DIRECTOR	PHYS.	31 MAY,	1901
22c. PLYSICIAN'S NAME (Type)		1135	POTOMAC #	WENNE H	ACCRETO	Mai Mo.
RICHARD T. BINFOR						1145
REMOVAL (Specify)	. NAME OF CEMETERY		- CE PR	ON (City, town, or		(Stote)
BURIAL JUNE 2, 1961	ST. PAULS			PAULS,		ARYLAND
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		a. REC'D BY REGISTR.		RAR'S SIGNATUI	
John t- Clark CLEAR S!	PRING, MD.	DA	ATE JUN 2 '6	1 ant	hun S. tha	us.

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	ACE OF DEATH			2. USUAL RESIDEN	ICE (Whare dacaase	d lived, If instit	ution: RasIdano	e befora e	dmission)
		shington	MARYLAND		yland	b. COUNTY		ingto	
b.	CITY OR TOWN (if o	utside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata	limits, writa RUF	RAL and giva n	aerest town	n)
	11-	gerstown	Minutes	- Fund	estown				
d.	NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, giva straet eddress)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
1	Washingto	on County Ho	snital	1 112	E. Baltimo	to St			NO M
3. N	AME OF	First	Middla	Last	4. DATE	Month	Day	Year	
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S. SE	X	S. COLOR OR RACE 7 M		DATE OF BIRTH	9. AG	E (In years IF U	INDER 1 YEAR	IF UNDER	
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10a. I	USUAL OCCUPATION during most of worki	N (Giva kind of work ng lifa, even if retirad)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & State, or forai	an country)	12. CITIZEN OF	WHATC	OUNTRY?
	Housewife		Own Home	Leitersl	bura Md		USA	7	
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
45 11	Ci	yrus Stomer		Martha Jan	re Garver				
		IN U.S. ARMED FORCES? asgivawarordatasofsarvica	1)	MICHMANI		Address			
-	No		None Mr.	L.S. Itnyre	E. Baltimo	re St.	Tunksto	wn Me	d
18			a par lina for (a), (b), and (c).}				INT	ERVAL BET	WEEN
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CERT	R CONTRIBUTING FEITHER, NOTIFY M	CAUSE OF DEATH	, DESCRIBE NOW MOOK! OCCURE	. (Eller hards or mjer)					
3 2	Oc. TIME OF INJURY	Month, Day, Yaar		CE OF INJURY (Home, far ory, street, office bldg., at		own)	(County)		(Stata)
MEDICAL	Hour e.m.	19	Whila Not Whila tact	ory, sireer, office orag., a	1				
2		et (I) (this hospital)	attended the deceased from	Jan. 10.	1961 to Ma	y 22	1961. 11	het (1) (we) last
		d alive on May							
	2a. SIGNATURE	a anvo on	The state of the s						. DATE
1	Za. Sicilations	A RI	10/	ATTENDING PHYS.	MED. S	TAFF HYS.	May 2	23.19	38TED
1	2c. PHYSICIAN'S	1001	CLOC M	22d. ADDRESS	DIRECTOR			,	
4	NAME (Typa)	Ŕ. A. I	Bell, M.D.		erstown,	Marvl	and.		
			23c. NAME OF CEMETERY			N (City, town o		(6)	tate)
23a. RE	BURIAL, CREMATION	44	10		238. LOCATIO	N (City, fown o	or county)	(3)	arej
	Burial	May 24, 196				gerstow		rylar	rd_
	JNERAL DIRECTOR'S		ADDRESS		EC'D BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	LA	
	Kest Have		apel Hagersto	wn, I'do DATE	MAY 25 '61	Cum			
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filled in by the funeral Pages 1 and 2 should death. 72 hours after completely papers. within and law requires that the death certificate physician please attending the burial-transit permit. physician. has been signed by cremation, attending 9 may be retained by the hospital or DIRECTOR: After this certificate 3 should be detailed. 0 prior 10 State HOS. Page 4 r FUNERAL I director, I

> VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND WASHINGTOW c. LENGTH OF STAY IN 16 TOWN If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) a. IS RESIDENCE ON A FARM? GREEN CREEN YES NO NAME OF Middle Yaar DECEASED (Type or print) DEATH 19 BECCA An 9. AGE (In years IF UNDER YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months WIDOWED N DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY WASHI Co. MD. 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

5. SEX 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if retired HOUSE WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI (Yas, no, or unkown) | (Ifyesgivawarordatesofsarvica) IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), stating the underlying causa last. PARL II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY (County) (Stata) Month, Day, Year 20f. (City or town) factory, streat, offica bldg., etc.) Hour a.m. Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 22b. DATE ATTENDING : SIGNED PHYS. PHYS. DIRECTOR M.D. ADDRES 22d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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4 hr rafter death. Page 4	ed in by the funeral director, I and 2 shauld be filed with	DRILUSBY	230 N. FOTTHER	M
t the death certificate be executed within 2	the attending physician and completely fille Then please remave carban papers. Pages	and in any event, within 72 haurs after death	Î	
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 kg after death. Page 4	moy be refauned by the hospital or otherding physician. TOFUNERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 though the funeral director. TOFUNERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. TOFUNERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DR, CUSBY	0	
TO HOSPIT	TO FUNERAL C	the State Boa		2

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3.	USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired) FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 5, no, or unknown) [If yes, give war or dates of service]	OWN HOME	STRY 11. BIRTH/LACE (State or foreign co	INITHS BURG MID 12. CITIZEN OF WHAT COUNT ARSHMANI Address INITHS BURG MID 12. 2	PRY
FICATION		my circles ONS CONTRIBUTING TO DEATH BUT		CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED YES NO	PS)
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24.	FUNERAL (Specify) MIAY-17-196 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE		2	LYERSVILLE FRIED, CO. NIL	0

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MARYLAND STATE DEPARTMENT OF HEALTH

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	LACE OF DEATH COUNTY	hington			MAR	YLAND	o. STATE	esidence (w	here deceased	lived. If in			fore adm	nission)
Ь	RURAL ond give	(If outside corpord neorest town)		rite c. LE	50yrs	(IN 1b	70 *	r town (If		rote limits, w		AL ond give r	earest to	wn)
(OR INSTITUTION	PITAL (If not in hos						T ADDRESS Braxt				1	ON	ESIDENCE A FARM?
] [NAME OF DECEASED Type or print)	Belle	First		Middle		L	ewis	4. DATE OF DEATH	May	Month		Day	Yeor 19 61
S. S	emale	6. COLOR OR	-	MARRIED O	DIVORC		Jan	1900 1900	0	9. AGE (In) lost birtho		Months Day	Hou	rs Min.
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13.	John	Jones					La La	R'S MAIDEN I	NAME	lyna	,			
	WAS DECEASED E	VER IN U. S. ARME (If yes, give war or o			DRE		ohn J	nes	17 B	axto	Address	Ave.		
		EATH Enter only	D BY:	per line for	(0), (b), and (c)		Crois	Atri	el_			11		BETWEEN ND DEATH
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	21. I certify t	hot (I) (this ho	spital) at	tended t		//	eath occur	red ot	57, .to_	the cause	~ ond) (we) los ed obove
	220. SIGNATURE		lem	an			M.D. ATTENI	DING A N	RECTOR [STAFF PHYS.			V'	236. DATE SIGNE
	22c. PHYSICIAM NAME (Type	Philip .	J. Hin	shmar	n, M.D.		22d. AD	15	9 W. V					

Philip J . 23a. BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR

DATE MAY 2 2 '61

25b. REGISTRAR'S SIGNATURE i- Lhur S. Traus

(Stote)

Surial 5-17-1961

24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

116128

1	o. COUNTY WASHINGTON	MARYLAND	o. STATE MATYLAN	D b. COUNTY W.A.	SHINGTON
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give regress own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside) 3 HAGERSTOWN	de carporote limits, write RURAL a	and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION WASHINGTON COUNTY HOS	oddress)	d. STREET ADDRESS 1014 CORBET	TT ST.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HARVEY GI	Middle MART		DATE Month OF DEATH MAY	Day Year 3 1961
	5. SEX MALE 6. COLOR OR RACE WHITE WIDOWS		8. DATE OF BIRTH 3/27/1912	Land Lindball and	IDER 1 YEAR IF UNDER 24 HRS. This Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) SHELT METAL WORKER	AIRCRAFT MF	G. CO. MARY	ZLAND	CITIZEN OF WHAT COUNTRY?
	HARVEY J. MARTIN			TOTTLEMYER ACL.	DETAMIN
	(Van am manufacture) (16 or all a second data of control	SOCIAL SECURITY NO. 17. IN 213–16–0667	MRS. V. VA.	MARTIN Address	MD.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420 / DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS C	As Lezi	Scherus	L DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	I or Port II of item 18.)	PERFORMED? YES NO
3	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
)	21. I certify that (I) (this haspital) attends saw the deceased alive an JALY 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1. I certify that (I) (this haspital) attends 22c. PHYSICIAN'S NAME (Type)	19 <u>G/</u> _, and that o	1 1944	, fram the causes and an	94, that (I) (we) last the date stated abave. 22b. DATE SIGNED
2/2	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5/6/61 24. FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY O	Z5a. REC'D B		MD. 3/8/6
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY e. STATE b. COUNTY Washington by the and 2 death. Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and giva nearest lown) filled in Pages 1 Hagerstown Life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Avalon Manor 62 East Ave. completely 3. NAME OF DATE First Middle Last Month DECEASED OF KATHERINE ET. TZA MARTIN (Type or print) DEATH May within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH lest birthdey) and Months Memale White August 18. 1897 WIDOWED X DIVORCED certificate physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY гетоуе 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Retired Clerk Railroad Hagerstown, Maryland 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME ease death .= attending Lorene Smith Joseph William Garver a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address that the (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) гетома Hagerstown, Md. Mrs. J. William Garver the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), physician. been signed by 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which (b) geve rise to Immediate cause DUE TO (a), stating the underlying la l has cause last. the PHYSICIAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION hospital 35 0 use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH for the this tached þ After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) Month, Day, Year 4 may be retained by DIRECTOR: After 3 should be detach Not While fectory, street, office bldg., etc.) While Hour a.m. ō et work et work attended the deceased from .. 7 ... and that death occured a 275M, from the causes and on the date stated above. should State D saw the deceased 22e. SIGNATURE ATTENDING DIRECTOR PHYS. death. Page 4 rd FUNERAL I PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 238. BURIAL, CREMATION, | 23b. DATE THEREOL REMOVAL (Specify) Hagerstown, OL Rest Haven Cemetery Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR'S SIGNATURE ADDRESS Home Suter - Rouger Funeral

Hagerstown, Md.

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'61 arthur S. Thous DATE

e. IS RESIDENCE ON A FARM?

YES NO K

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AND DEATH

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Maryland

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5 TO DE MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoith. If ony decision, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer. Page 4 should be	3. Poge 5	t. File pog	
executed w	n Item 18.	I'm tarm PN	onsit permi	
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CAL EXAM	ate, writing	e Chief Me	CTOR: Pag	
MEDI	certifica	rded to the	ERAL DIRE	noval
TO DE	cute t	LOLMG	TO FUN	of ren
VS	. Al	5A	AE(5)

5M 9/55

	614			L EXAMINE					18 Reg. Dist	Na. R. 1	30
).	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea			ce before adn	nission)
1_	Wa	shington		MARYL	AND	o. STATE MO	1.	b. COUNT	Y W	ashing	ton
	b. CITY OR TOWN (If outside corporate limits, writen)	RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If outside con	porate limits, write	RURAL and g	jive nearest to	awn)
0	Wi	lliamsport		19 yrs.		Will	Liamspo	ort R2			
		tal or institution (If not in hos	pital, give street address)		d. STREET ADDRESS Bott	tom Roa	ıd		ON	RESIDENCE
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Year
	(Type or print)	Willia	m	Clarence	M	fartin [OF DEATH	5	2	6	1961
	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IFUNDER 1	EAR IF UNE	DER 24 HRS
	male	white	WIDOWED		- 1		392	lost birthdoy) 68 yrs.	Months D	bys Hours	Min.
00	. USUAL OCCUPATI	ON (Give kind of work	dane 10b. K	IND OF BUSINESS OR IN					12. CITIZI	N OF WHAT	T COUNTR
	retired	ng life, even if retired)	S+	atton Furnit	ture	Indian S	Spring	Dist. M	D US	Δ	
3	FATHER'S NAME	Mechanic	100	accon runni	cui	14. MOTHER'S MAIDEN	_	5130.	001	· K	
	Doni	el J. Marti	n			Mary Eva					
15		ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17 BN	FORMANT	KTTHE	Address			
[Ye	no, or unknown)	(If yes, give war or dates of	service)	7-09-9870		Beulah Ma	artin	William		Md.	R2
		TH [Enter only one cau	se per line i	for (a), (b), and (c).]				NAME OF THE OWNER.		INTERVAL BETWO	VEEN EATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Art	teriosclerot	tic	Heart Disea	Se			Reco	nt.
	420.0	DUE TO									
	Conditions, if									1 121	
	gave rise to imme (a), stating the	diate cause	1-1-			4 - 17 - 1 - 1					
	couse last.	(c)				300					
CERTIFICATION	PART II. OT			NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERF	ORMED?
FIC	200. EXTERNAL CA	USE WAS 20	b. DESCRIRE	HOW INJURY OCCURR	ED (Fo	ter nature of injuny in Pa	ert I or Port II	of item 10 t		YES	ио □
ER	PRIMARY OF CO	NTRIBUTING		TOTAL TOTAL TOTAL TRANSPORT	LD. ILII	io noive of injery in to	M 1 01 1011 11	or nem 10.j			
MEDICAL	20c. TIME OF INJU		20d. II While	Not while	PLAC factor	E OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City	or town)	(Count	γ)	(Stole)
2	p. m.										
	The second secon			emains described			· -	nspection 3,		, and	find the
	death resulted	I tram: Natural	causes 🔀	, Accident [],	Suic	ide [], Homicid	le 🔲, U	ndetermined o	ause .		
		101	17	X						DATE	CICNED
	ACTUAL SIGNATURE	1 26/1	Vil	6)		M.D. CHIEF MEDICAL	EXAMINER [DAIL	SIGNED
	EXAMINER'S NAME (Type)	Dr. E. W.	Ditto	Jr		ASSISTANT MEDICAL			5-26-61		
_	BURIAL CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEMETER	YORC	REMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	tal
220										1310	
20	REMOVAL (Specify	5-29-61								Md.	,,,,
	REMOVAL (Specify Burial FUNERAL DIRECTOR	5-29-61		St. Pauls (etery		rspring	STRAR'S SIGN	Md.	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
CERTIFICATE OF DEATH

		CERTIF	ICATE	OF DEATH	/15/61	iwk		061	31
1. PLACE OF DEATH a. COUNTY	Washington	MARY		USUAL RESIDENCE (Vo. STATE	Vhere deceased	lived. If institution b. COUNTY	on: Residence Wash		1)
b. CITY OR TOWN RURAL and give r Hagersto		c. LENGTH OF STAY		c. CITY OR TOWN (IF		ote limits, write R	URAL ond give	e nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	street address)		d. STREET ADDRESS 32 E.	Water	St.		IS RESIDI ON A F/ YES	ARM?
3. NAME OF DECEASED (Type or print)	First Lillian			lost Wasters	4. DATE OF DEATH	Mon	May		61
female	white will	MARRIED NEVER MARRIE	D		1864	2. AGE (In years lost birthdoy) 96 yrs.	Months D	YEAR IF UNDER	Min.
during most of wor	rking life, even if retired)	10b. KIND OF BUSINESS O			e , Md			S.A.	JNIKT
IS. FAIRER'S NAME	Samuel Fla	augher		. MOTITER 3 MAIDEN	NAME	Caroli	ne Ni	chols	20
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES: (If yes, give wor or dates of service	none		mant ran Bench	noff,	Smithsb		Md.	
Conditions, if gove rise to couse (o), stoting lying couse lost	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dony, which immediate the under- (c) (c)	per line for (o), (b), and (c). Line for (a), (b), and (c).	They	mbris				year	EATH
200. ACCIDENT W		ONS CONTRIBUTING TO DEA					VEN IN PART	PERFORM YES	WED3
-	RY Month, Day, Year	20d. INJURY OCCURRED While Not while of work		OF INJURY (Home, fa street, office bldg., e		or town)	(Co	unty)	(Stote)
21. I certify the saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		trended the deceased May 1961, and		h accurred at 10	9, ta A.M., fram t MED. DIRECTOR	he causes an		/ 226.1	
23a. BURIAL, CREMATI REMOVAL (Specify DUT181) 24. FUNERAL DIRECTO	May 10, 6	23c. NAME OF CEMINAL Bethel ADDRESS	Ceme	tery	23d. LOCATE Lan C'D BY REGISTE	RAR 25b. REGI	STRAR'S SIGN		
Scott F.	Minnich &	Son, Smith	sburg	Md DATEM	AY 1 0 '61	an	Ulus S. F	Crave.	

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	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	RE 1, MARYLAND
0140	CERTIFICATE OF DEATH	(16132
ACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If	Institution: Residence before admissi

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neeresl town)
write RURAL and give neerast town)	Hocaratome
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Hagerstown d. STREET ADDRESS 0. 15 RESIDENCE
	ON A FARM?
Washington County Hospital	604 N. Prospect St. YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Typa or print) David Albert M	lenchey DEATH May 11 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	June 13, 1886 Turk Months Deys Hours Min.
De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Machinist Woolen Mill	Westminister Md USA
Machinist Woolen Mill FATHER'S NAME	Westminister, I'ld. USA
	0 1: 6:
David Alexander Menchey WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Cecelia Stone
er no or unkown) [/ffvergivewerordeterofrervice]	Nagerstown
0	es. David Menchey 604 N. Prospect St.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	glow & employema 2 who
490 X DUE TO //	
7	years
gave rise to immediate cause	
(e), stating the underlying DUE TO	
ceuse lest. (c)	OT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(-) 10 WAS ALITORSY
A land	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
arteinsolsine	YES NO
	D. (Enter nature of injury in Pert I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m.	story, street, office bldg., etc.)
	9/0/67 10 15 5/33/63 10 11-10 (1)
	.2/9/61, 19, to5/11/61, 19, that (I) (we) lat
	t death occured a 2.53P Mom the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Hin Week Wid.	A.D. PHYS. T DIRECTOR PHYS. May 12, 196
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Howard N. Weeks, M.D.	136 N. Potomac St., Hagerstown, Md.
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
PEMOVAI (Specify)	Concetery Hararstown Mariland
REMOVEL (Specify) May 15, 1961 Rest Haven	Creetery Hagerstown Maryland 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
PEMOVAL (Specify)	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Mahington			note: inse	
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	Coordin Strate 44. Ventul Tarahar Silit V. Pear	76-71-67	A Comment of the Comm	
	2/11/8 9:53PM 5/11/6	/61	5/11	
	x 136 N.Potome St., Ha	.C.M. sales	W.M. BrowdE	
	And The house of the second	sugar 15		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

116132

V.		OHICITI IOA	IL O. DEATH.			(1010)
1	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived.		dence before admission) shington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lin		nd give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Washington County Hos		d. STREET ADDRESS	2	4 3 5 5	e. IS RESIDENCE ON A FARM? YES NO N
103	NAME OF DECEASED (Type or print) Waynamed Charked	Mae Middle	lost Miller	4. DATE OF DEATH	Month Mav	Day Year 19 61
7		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AG		DER 1 YEAR IF UNDER 24 HRS
	0a. USUAL OCCUPATION (Give kind af work dane during most of warking life, even if retired)	None	Hagersto	wn, Md	0.00	CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
-	Charles E. Mille			Carrol	1 Shank	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	11 7	Address	C 1 4 1 1
L		01	narles E. Mi	Tiel L	toute 2	Smithsburg,
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN I	PART I(o) 19. WAS AUTOPS) PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Part II of	tem 18.)	YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a.m. While p. m. 19	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City ar tav	vn)	(Caunty) (State
	21. I certify that (1) (this hospital) attends saw the deceased alive an		3'3 of 25/49 death occurred at 5:30	17		p_C_L, that (I) (we) last the date stated above
	22a. SIGNATURE 22c. PHYSICIAN'S		M.D. ATTENDING ME PHYS. DII	ED. STA	rs. \square A	4. 5/7/6/SIGNE
1	NAMEAType) M. Bacon	Too NAME OF GRAFFING	101 Kin 6	57. N.	AGERST	own, Md
1	236. BURIAL, CREMATION, 236. DATE THEREOF S-7-61	Reformed C			own, Md	
2	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'I	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
5	Scott F. Minnich & Son	Smithsburg,	Md . DATE M	AY 9 '61		0 4
L			1 100		Linkson	J. Hours

TO HOSPI COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should-be filed with in any event, within 72 haurs after death. page 3 shauld be detached far use as the burial-transit permit. Ther the State Board of Health prior to burial, cremation, ar remayal, and

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6147 CERTIFICATE OF DEATH

0423					0103
1. PLACE OF DEATH a. COUNTY			CE (Where decessed lived, I		
Washington	MARYLAND	a. STATE Mar	yland b. cou	Wash	ington
b. CITY OR TOWN (if outside corporeta limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, wri	te RURAL end gi	ve nearest town)
write RURAL and give nearest town) Hagerstown	12 years	Hag	erstown	77	3
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			. IS RESIDENCE
Washington County Hospi	tal		wood Heights		YES NO
3. NAME OF First DECEASED TO TOTAL DESCRIPTION OF THE PROPERTY	Middle	Lest	4. DATE Mon		ey Yeer
(Type or print)	CATHERINE	MOATS	DEATH May	1	.6 1961
	OWED DIVORCED	anuary 21,	1895 last hiethday)	monnia Day	's Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (Cour	ity & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
Actress	Theatre	Pittsbur	g. Pa.	U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
John Weiss		To 4	zabeth Lisset	+	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	SS	
(Yes, no, or unkown) (If yes give war or detes of service)	183-10-4768 M	ilton Richar	d Mosts Hare	retown	Maryland
18. CAUSE OF DEATH [Enter only one ceuse		Troom referrat	d roads hage.		INTERVAL BETWEEN
BART I DEATH WAS CALISED BY		1.			ONSET AND DEATH
IMMEDIATE CAUSE (e)	Myocardial Infar				4-5-hours
420.0 DUE TO A	Arteriosclerotic	heart diseas	se		Indefinite
Conditions, if eny, which (b)					
geva rise to immediate cause (a), stating the underlying DUE TO				100	
couse lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS Hypertrophic arthrit				IVEN IN PART 1(e	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS Hypertrophic arthrit 200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)		
S Haus a s		CE OF INJURY (Home, farr ory, street, office bldg., etc		(County)) (State)
21. I certify that (I) (this hospital) at	ttended the deceased from	8-12-50	19, todeath	, 19	, that (1) (we) las
saw the deceased alive on516					
220. SIGNATURE VA -14/	100 -	ATTENDING X	MED STAFF	5-16	22b. DATE
as suverence celebrat 4. Cle	ance M	.D. PHYS.	DIRECTOR PHYS.		
PHYSICIAN'S NAME (Type) Robert F. K	leadle		stown, Maryl	and	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 5/19/1961	Rest. Haven C		Hagerstown		(Stote)
25 FUNERAL DIRECTOR'S SIGNATURE HOUZER Funeral H	ADDRESS	25e. RE	C'D BY REGISTRAR 25b. R	EGISTRAR'S SIG	NATURE
24 FUNERAL DIRECTOR'S SIGNATURE		25e. RE	C'D BY REGISTRAR 25b. R		NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE O o. COUN	ITV	ashington		MARY		USUAL RESID	Md.		lived. If institut b. COUNT		Wash		
b. CITY C RURAL Ha	OR TOWN (If	outside corporate limi grest town) WN	ts, write	c. LENGTH OF STAY 1\frac{1}{2} days	- 10	1	own (If o		ote limits, write	RURAL and	give neo	rest town	۱)
d. NAME QRIN Wa.	of Hospital	L (If not in hospitol, g Hospital	ive street	oddress)		d. STREET A		olph A	ve.,				FARM?
3. NAME O DECEASE (Type or	D	Fir Edna	st	Middle Pearl		Myers		4. DATE OF DEATH	_	nth	22		Year 19 61
5. SEX fem.		6. COLOR OR RACE white	7. MARE	RIED NEVER MARRI		ATE OF BIRTH			lost birthday) G4 yrs	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
during	houses	ng life, even if retired	done 10b.	kind of Business of home		Elkt	on, V	a.	untry)		USA	WHATC	OUNTRY?
13. FATHER'S		* **	17.5		1.	4. MOTHER'S			1				
16 WAS DE		iam Henry		SOCIAL SECURITY NO	1.7 INFOR		1th 1	. Ship		dress			
(Yes, no, or un	known) (!	f yes, give wor or dates of s	ervice) 2/	14-09-6583			y 11	2 S. L	ocust S		Cit	у	
			use per li	ne for (o), (b), and (c).		d boss	l				INTE	RVAL BE	DEATH
	PAKI I. DEAI	H WAS CAUSED BY:		Subara Cereb					Or		21	. not	ırs
	034	DUE TO		Arteri								Indo	finite
	itions, it on rise to im	mediate		Arteri	osciei	rotte p	rain	urseas	se		-	mue	1111116
	(o), stoting the couse lost.												
		ER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
NE A	ASTHN	IA, EXTR	INSI	C								YES	RMED?
CERTIFICATION SOO. VOOI THE FITH	CIDENT WAS NTRIBUTING I IER, NOTIFY A	UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY O	CCURRED. (E	nter noture o	f injury in F	Port I or Port	II of item 1B.)				14.18
	NE OF INJURY	Month, Doy, Ye	- While	NJURY OCCURRED	20e. PLACE foctory	OF INJURY (I	dome, form bldg., etc.	20f. (City	or town)		(County)	-p	(Stote)
				ded the deceased								. , .	
	GNATURE	Ebert :	7.8	alle		ATTENDING	,	D. RECTOR		2017	lay 2	22	b. DATE SIGNED 1961
	YSICIAN'S AME (Type)	Robert F.	Kea	adle, M. D		22d. ADDRE			erstow				
23a. BURIAL REMOV	CREMATION	3b. DATE THEREC)F	23c. NAME OF CEM					ON (City, town,			(Stot	
	L DIRECTOR'S			ADDRESS		3	25o. REC'I	D BY REGISTE	AR 25h REG	SISTRAR'S S		RE	
Fred	W. Kra:	iss Hage	rstov	vn, Md.			DATE	IAY 26	01	maine	S. Th	and	

TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr., after death. Page 4 may be repaired by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

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			St. Lawrence and Tribate
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

UF	21 WIIZIICAL	KESEAKCH	ANU	KECOKD3		DALII
	CEI	RTIFIC	ATE	OF D)EA	HTA

PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (WI		ution: Residence before admission)
WASHIN	GTON	MARYLAND	WASHINGTO	N P. COUN	RYLAND
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
AND DESCRIPTION OF THE PARTY.	K HAGERSTOWN	9 MO.	HANCOCK		X
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give str	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WESTE		STATE HOSPITA	HANCOCK,	MARYLAND	YES NO
3. NAME OF DECEASED (Type ar print)	Luther	Roscoe	MYERS	4. DATE MOF DEATH	Day Year 1961
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeo lost birthdoy	,
M	WIDO	OWED DIVORCED	8/27/1897	63 y	Doy's Troot's Trint.
		10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
RAILR	OAD life, even if retired)	RAILROAD	HANCOCK	. MARYLAND	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
LEVI B	• MYERS		IDA MAY	SOUDERS	
		16. SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress
(Yes, no, or unknown)	(If yes give war or dates of service)	705.05.9180	TOM VANCE	HANCOCK.	MARYLAND
18. CAUSE OF E	DEATH Enter only one couse pe	er line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	7 ruto Dulma	inru edem	20.	ONSET AND DEATH
420	IMMEDIATE CAUSE (o) U	leute pulmon	and comment		
Conditions, if	fony which)	Posterion my	accedial "	a saration !	ald 8 mas
gave rise to	DUE TO	esteriore preg	o (alegeotte 11	efer crion , c	0 110051
lying cause lo	ng the under-	evere atheros	clerosis		unknows
				AINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19. WAS AUTOPSY
12	umafied arth				PERFORMED? YES YES NO
E 20- ACCIDENT	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
○ CONTRIBUTION ○ CO	NG CAUSE OF DEATH				
N 20c. TIME OF IN	JURY Month, Doy, Year 20		ACE OF INJURY (Home, form		(County) (State
20c. TIME OF IN.	10	hile Not while fo	ictory, street, office bldg., et	c.)	
			Aug 10 10	1 - May 0	10/0/ show (1) (may 1)
		ended the deceased from.	/ / L	60 to May 2	19.64., that (I) (we) las
22a. SIGNATURE	eased alive an May	25 1961, and that	death occurred at	TO Tram the causes	and an the date stated above
220. 51014/10/10	, ,	· Ramas	M.D. ATTENDING	AED. STAFF PHYS.	SIGNET
22c. PHYSICIAN		· rumas,			d State Hospital
NAME (Type	VICTOR LIR	amos, m. A.	we.	restown, mar	
23g. BURIAL CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	W	23d. LOCATION (City, tow	
REMOVAL (Spec	ify) - 1 11-				
24. FUNERAL DIRECTO		ADDRESS	CEMETERY 250, REC	TO BY REGISTRAR 256, RE	MARYLAND GISTRAR'S SIGNATURE
1/2 -	- 0 D as	2 1/	a mal DATE	IAV 104	
17770010	LOX (KUL	e trans	DATE I	20 63 01	Cirthur S. House

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	C	E	RT	IFI	C	A	TE	0	F	D	E	A'	TI	

1. PLACE OF DEATH o. COUNTY Washington	ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	tay in 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2451 Virginia Ave.		d. STREET ADDRESS 4. STREET ADDRESS 2451 Virginia Ave 6. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF First Michael Company (Type or print) Bessie May	ddle N	Last 4. DATE Manth Day Year OF DEATH MAY 6 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED ■ NEVER MARRIED ■ DIVO		8. DATE OF 81RTH October 22, 1886 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS) 74 yrs. If UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) House Wile Own Home	SS OR INDUS	Near Hagerstown, Md.
13. FATHER'S NAME Oliver T. Baker		14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		Sarah Bryon NFORMANT Address ernon W. Nichols Carlisle Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	I fa	The Heart Disease with onset and death onset and death signal between onset and death signal between onset and death signal of the services with the signal of the services of
OR CONTRIBUTING CAUSE OF DEATH	20e. PL	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at wark 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 1901.	sed from and that a	death accurred at 8 M, from the causes and an the date stoted obove M.D. PHYS. MED. STAFF PHYS. SIGNEE 22d. ADDRESS 22d. ADDRESS ADDRESS
23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5-9-61 Rest H		R CREMATORY 23d. LOCATION (City, town, or county) (State) Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hager	stown	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CIVILING S. Frank

	MENAUH WOUTSTAND			
Bautille :				
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	Marine Company (See			
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1243			the think the	
	SERVICE CONTRACTOR		Bud FIFF DE	
es las	Nort selani grazam		double Strong	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

o. COUNTY	MARYLAND	o. STATE b. COUNTY
Washington		Maryland Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	5 Yrs.	() Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
203 South Prospec	t St.	303 South Prospect St. YES NO
3. NAME OF First	Middle	Last 4. DATE Month Day Yeor
DECEASED	254 99	OF 35
227777	MAE PAL	
The man Dec 1971s Advan		last highlight
Fenale White widow	7	20 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY
Custodian	Office	Martinsburg Berkley Co.W.Va. U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John Tabler		Emma Estelle Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECUPITY NO. 17 II	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)		
No ZIL	5-24-7630 Mr.	
1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), ond (c).]	Washington D.C. INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	cute mus	ecoleal Falor tron Turnel
4/20./ DUE TO		
Conditions, if any, which)	121/2010	Carlia vascular clis. 5 yrs
gove rise to immediate	pulsusux	Cardiae vascular clis. 5 yrs
cause (o), stoting the under-	a ch.	clecoupensation
(0)	CONTRIBUTING TO DEATH OUT	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 1B.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
Hour a.m. White	NOI WILLS	ctory, street, office bldg., etc.)
		1/2 10 69 112 11 11
21. I certify that (I) (this haspital) atten	ded the deceased fram	Mar 12 1937, to May 11, 1961, that (1) (we) last
saw the deceased alive an Hp1	5 196 J., and that a	death accurred at LPM, fram the causes and an the date stated above
220 SIGNATURE		22b. DATE
Colward W. 2140	111	M.D. ATTENDING MED. STAFF PHYS. STAFF
22c. PHYSICIAN'S		22d. ADDRESS
Edward W. Ditto 11]	M. D.	217 West Washington St. Hag. 18
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	
REMOVAL (Specify)		(otal)
Burial 5/14/61	Rose Hill	Cemetery Hagerstown, Wash. Co. Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Ha	werstown Ma	TVI and DATPAY 15 '61 Cithur S. Kinus

District Control			
	Suspensed the posterior of		
	extension of the land		
	The second second		
	STATE OF THE PARTY.		
		Ber Ade A	
	er Lies (in 10)		
Haralan Language			

FOR STATE

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at the eleganty, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furieral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

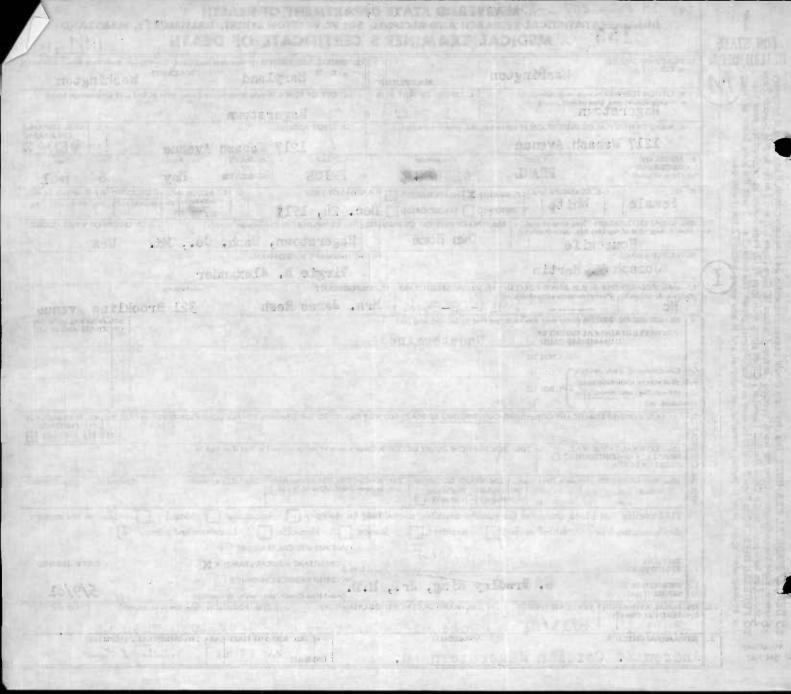
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1613.)

a. COUNTY		2. USUAL RESIDENC	CE (Where deceased lived, It institution	: Kesidence before admission)
Washington	MARYLAND	· SMaryla	nd Washing	ton
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RURAL a	
Boonesboro	1 hour	Si	harpsburg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	TOTAL DE SOCIE	. IS RESIDENCE
8 S. Main Street		Shonnahir	rg, Md.RFD #1	ON A FARM?
3. NAME OF First	Middle	Lest	4. DATE Month	Day Yeer
(Typa or print) Alexander Vict			OF	
5. SEX 6. COLOR OR RACE 7. MARR		. DATE OF BIRTH	P. AGE (In years IF UNDER	2 19 61 R 1 YEAR IF UNDER 24 HRS.
			lest birthdey) Manthal	
Male White wibow		-	090 /1 yrs. 0	24
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Sharpsbu		SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Otho J. Poffenberg	ger	Eliza	beth Welsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas, no, or unkown) (Ifyes giva war or datas of sarvica)	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	RFD#1
	215-36-7213	Mrs. Maude	Poffenberger Sh	arpsburg, Md
18. CAUSE OF DEATH [Enter only one cause per	the state of the s		011011001801	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	conary Occlusion			ONSET AND DEATH
11201	onary occinator	1		Instant
STEED DUE TO				
Conditions, if any, which gave rise to immediata cause	eriosclerotic I	leart Disease	, Severe	5 years
(a), steting the underlying DUE TO				
	d Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
CV				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURED. (E	inter natura of Injury in Pert	I or Part II of item 18.)	
		CE OF INJURY (Homa, farm ory, street, office bldg., atc.		ounty) (State)
Hour a.m. Whi	1101 111110	ory, street, office bldg., arc.		
21. I certify that I took charge of the re	mains described above, he	ld an Autopsy	Inspection P, Inquiry ,	and in my opinion
death resulted from: / Natural causes			Undetermined manner	
The state of the s	J. Medidelli [], Galet	CHIEF MEDICAL E		
ACTUAL SELLO	The state of the s		(7)	//
SIGNATURE ACTION	vir fa	M.D. ASSISTANT MEDI	_ /3	DATE SIGNED
EXAMINER'S	0	DEPUTY MEDICAL		0/
NAME (Type) Dr. E. W. Ditto	22c. NAME OF CEMETERY OR		city, town, or county) 22d. LOCATION (City, Iown, or count	(State)
- PEMOVAL (Specify)				(Steta)
	Mt. View C		Sharpsburg, Md.	
23. FUNERAL DIRECTOR), ADDRESS		'D BY REGISTRAR'S	
Clicked deaf Will	comspour 91	DATE	and of Circhun	S. Kraus

The transfer of the second teathore lot two ill taffeeton to The state of the s switches in wome to a supplement

287 5-25 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) Jeath. If any way is necessary, d 3 to the funeral director. Page as be retained for your files. with the State Board of Health. a. COUNTY Washington b. COUNTY Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Hagerstown Year Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1217 Wabash Avenue Wabash Avenue YES NO death NAME OF First Middle Last 4. DATE Month Dey You DECEASED PEARL OF MADEL HNH (Type or print) PRICE DEATH Mav 1961 certificate should be executed within 24 hours after death. If ad "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1 I Examiner's Office along with form PM3. Page 5 may be to be used as a burial-transit permit. File pages 1 and 2 with the nation, or removal, and in any evgat. Within 72 hours after 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SFX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Female White Months Days Hours Dec. 24. WIDOWED [DIVORCED ' yrs. 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Hagerstown, Wash. Co., Md. Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H. Martin Virgie B. Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or dates of service) Mrs. James Resh No 321 Brookline Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Undetermined IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F OLY MEDICAL EXAMINER: This YES PO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Pert II of Item 18.) burial PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) 0 While Not While factory, street, office bldg., etc. Hour a.m. prior et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER King, Jr., M.D. EXAMINER'S 5/9/61 NAME (Type) DEP Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) b 40 Hagerstown wash Burial Cenetery Rose 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAY 1 1 '61 arthur S. Krous Andrew K. Coffman Hagerstown Id. 5M 9/60



TO HOS. L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1		by fu										C - C - L	
1.	PLACE OF DEATH	17.4			1	2. USUAL RES	IDEN	CE (Whare				lance before	edmission)
		shington		MARYLAI	JD I	a. STATE	rvT	land		b. COUNT		ingto	าท
-	b. CITY OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	4/		rporate lin	mits, writa			of physics
	Hagerstow	giva naarast town) M. M.d.		l week		Rural	Wil	lliam	spo	et Me	d. RFL	7.2	
2 0			f not in hospi	ital, giva street eddrass)	1	d. STREET ADD							RESIDENCE
1	Ma ala 4 in mt a	. Carnatar	U	3 4 - 7		2460 Vi	mont	inia	ATTO				A FARM?
3	Washingto	n County	Hosp	LLQ.L Middla		Last	T 87	4. DATE		Month	D.	ay Yas	
	DECEASED (Type or print)	Charlot	+-	Bell	D.	4 = 10 do =		OF DEAT		May	28		
5	. SEX			NEVER MARRIED		cichter DATE OF BIRTH			9. AGE		IF UNDER 1 YEA		R 24 HRS.
	emale	White	WIDOWED			June 22	18	02			Months Day		Min.
10	Os. USUAL OCCUPATION			D OF BUSINESS OR INC			man on	/			12. CITIZEN	OF WHAT	COUNTRY?
	lona during most of wor	king lifa, aven if retira	d)	Home	, , , , , ,	Mana			31.00	,,	U.S		
-	HOUSEWII	e		rrome				port	Ivid.		U. k) · A	
- 1		TT 0 -				14. MOTHER'S MA							
		Hoffma				Effi	.e	Bell	-				
11	5. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. 11	FORMANT				न्युक्तिहा	o Va.	Ave. F	RFD 2
	Yas, no, or unkown) (If		n	one	Mr.	Charle	s F	Reich	ter	W11:	liamsn	ort I	.Id
	18. CAUSE OF DI	EATH [Enter only ona	causa par lin	e for (a), (b), and (c).]					*		T	INTERVAL BE	
		WAS CAUSED BY:	(avon	an	u Q	20	lu.	au c	ere		7-3	mis
	420.	DUE TO				7							
	Conditions, if eny,	11.15	. (7 metoria	0.0	0 0000	n'e	2					
	gava rise to immadia	te cause	-	DI WIN	الراق	COVE		~					
	(a), stating the un	darlying DUE TO									4.71		
1	causa last.	SICHIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BU	IT NOT	DEL ATED TO THE	TEDAAIN	VAL DISEAS	E CONDI	TION GIVE	N IN PART 1(a	11 19. WAS	ALITOPSY
É	PARI II. OTHER	SIGNIFICANT CONDI	IIONS CON	KIBOTING TO DEATH BO	JI 1401	KELATED TO THE	I SK/WII	AVE DISEVS	CONDI	HOR GIVE		PERF	ORMED?
Ž										10.1		YES _	но 🔀
CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCC	URED.	(Entar nature of in-	ury in I	Part I or Part	II of Iten	n 18.)			
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ya	or 20d. If	Not While		E OF INJURY (Honry, street, office bld			ity or low	/n)	(County)		(State)
MED	Hour a.m.	19	at work			. 1							
	21. I certify th	at (I) (this hospi	al), attend	ed the deceased for	rom	5/27/5	79.	19 1	0.5/	28/	6.1, 19	, that (I)	(we) last
		ad alive on5		P, and		death occured	at [
	22a. SKONATURE			4	11101								b. DATE
	12.9.	4111	0	shool	м.	ATTENDING PHYS.		MED. DIRECTOR	STA			5/2	CSIGNED
	22c. PHYSICIAN'S	~ vihic	um	paul	M.L	22d. ADDRES	-					3/2	1/61
	NAME (Typa)	RoberT	V.L.	amphe	//	14	AG	SER	57	DWI	n	md	
=	3a. BURIAL, CREMATIC	ON, 23b. DATE THE	EOF	23c. NAME OF CEME	TERY O	R CREMATORY		23d. LO	CATION	(City, tow	n or county)	(State)
	Burial (Spacify)	00	-61	Rest Have	en	Cemeter	V	Hag	ers	town	Mary	land	
2	4 FUNERAL BIRECTOR	S SKENNAJURE A C	18/5/	ADDRESS .	+			C'D BY REG	ISTRAR		ISTRAR'S SIG		0.0
	allento	Leaf C	Vill	comspor	19	THE DA	MAY	31 '6'	1	and	wy S. the	u.A.	
_		1			/-	1 101	1441.48						

. H. Woodenst LITH Jank A . Sector . The same the second of the s in grounders, he was to let to break the Comercial Collection 2 3 min Large Despired 5/2961 derest the Consephale 1,56 MAGERSTENA 11-dans 11 1 1009 Bill

thin 24 hours after the d 2 TO HOS ML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executedeath. Rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0.100		CERTIFICATE	OF DEATH		24100
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where deceased lived, If in	nstitution: Residence before edmission)
. COUNTY Washing	rton	MARYLAND	a. STATE Mar	yland b. COUNT	Washington
b. CITY OR TOWN (if outside of	orporate limits,	c. LENGTH OF STAY IN 1b		(If outside corporete limits, write	
Write RURAL and give neer	est lown)	35 years	Ио о	onet orm	
Hagerstown d. NAME OF HOSPITAL OR IN	STITUTION (if not in hos		d. STREET ADDRESS	erstown	. IS RESIDENCE
Washington Cou			301 Cla	ire Street	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	LOLA	BELLE	RENNER	DEATH May	7 19 61
5. SEX 6. COLO	OR OR RACE 7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers	
Female Whi	ite WIDOWE	DIVORCED [February 18	, 1903 last birthdey) 58 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give done during most of working life,	kind of work even if retired) 10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress		estraunt	Warfordsb	urg, Penna.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	NAME	
	Morgret			e Peck	
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (If yes give w		SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no		4-09-6383 Ed	dgar A. Renn	er nagersto	wn, Maryland
18. CAUSE OF DEATH [E	nter only one couse per li	ne for (e), (b) erd (c).		CO	ONSET AND DEATH
PART I. DEATH WAS CA	AUSED BY:	te Volum	onary (dema	5 1
4	DUE TO	0 1	11 6	700	7.00
Conditions, if eny, which	(b) (o)	my turk	Henry (Joelling	a work
gave rise to immediate cause		11 010	0 4	1 1001	2 110
(e), steting the underlying cause lest.	DUE TO Me	XCardial y	Degende	on & Middel	2 Store
	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	N IN PART 1(0) 1 19 WAS AUTOPSY
PART II. OTHER SIGNIFIC 200. ACCIDENT WAS UNDER OR CONTRIBUTING — CAUSI (IF ETHER, NOTIFY MEDICAL	Aut constitutions				YES NO
200. ACCIDENT WAS UNDER	RLYING 20b. DES	CRIBE HOW INJURY OCCURED). (Enter nature of injury i	n Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE	EXAMINER)				
3 20c. TIME OF INJURY Ma	onth, Dey, Yeer 20d.		ACE OF INJURY (Homa, fa		(County) (State)
20c. TIME OF INJURY Mo	While 19 et wor	1401 111110	tory, street, office bldg., e	1c.)	~ 6 /
	17)	5-7	10/2/10 0-1	10 that (I) (wa) last
	1) -0	fied the deceased from.	10	4377	, 19/2, that (I) (we) last
saw the deceased alive	on	19 and that	death occured ht	M, from the causes a	and on the date stated above.
22a. SIGNATURE	-1.150	N CONTRACTOR	ATTENDING PHYS.	MED. STAFF PHYS.	5-9-6 SIGNED
22c. PHYSICIAN'S	1	1	22d. ADDRESS		1
NAME (Type)	. J. Boyer	M.D.	Hagers	town, Maryland	,
	DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	rn or county) (Stete)
Burial 5	/10/1961	Rose Hill Cer		Hagerstown	
24 FUNERAL DIRECTOR'S SIGNA Suter - Rouzer	TURE Funeral Her	ADDRESS	Harris I and a second	EC'D BY REGISTRAR 25b. REG	
R. Franklin perso		Hagerstown,	Md. DATE	MAY 1 2 '61 C	Inthur S. House

not mid all	And Special Country		rollinitor.
	Posetrations	31	resolution
27	in plaire Street	Latin	o
7	the Francis		NOT STATE
	corresponding to the second		res to this .
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	Sperior MATTA	đ	10 10
To Land	t rure	5959-10-455	ort
	VIII LAND AND THE RESERVE OF THE PARTY OF TH		
		YEAR OF STREET	
	Friedrenn, Harriand	S. L. CAUL SEV	
	metaza al gratana	I CI-S too I	2/0.74

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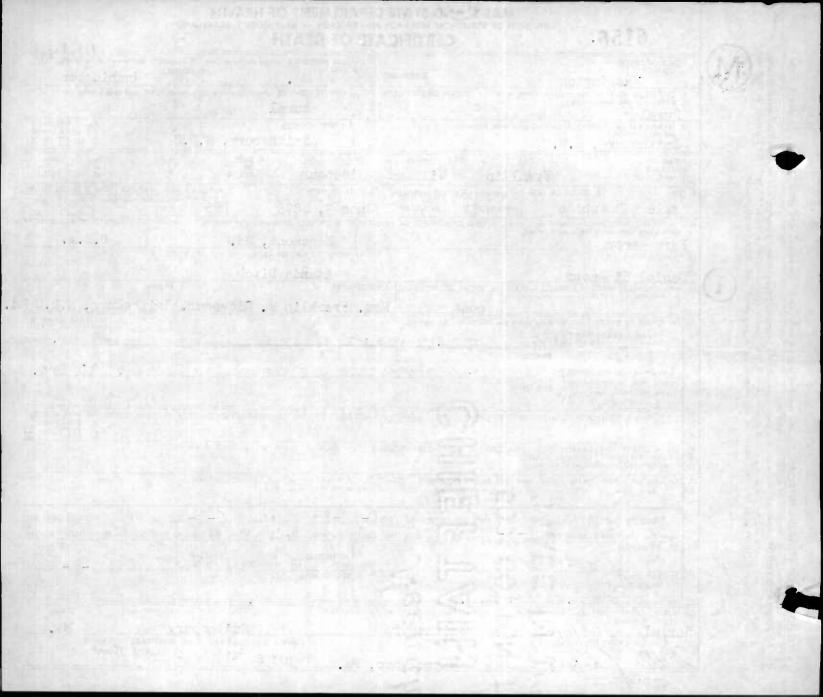
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MARYLAND	STATE	DEPARTMEN	T OF HE	ALTH
DIVISION OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE	1, MARYLAND

6156 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTII

CERTIFICATE OF DEATH

	0101	U		CERTIFICA	TIE OF DE	АІП				116131
1, PLA	CE OF DEATH					ENCE (Who	ere deceased	lived. If institution	on: Residence bel	fare admission)
0. 0	OUNTY Wash:	ington		MARYLAND	o. STATE	Md.		b. COUNTY	Washi	ngton
R		outside carporate limi	ts, write	c. LENGTH OF STAY IN 16	1 4	OWN (If or Rural	utside corpor	ote limits, write RI	URAL ond give n	earest town)
d. N		AL (If nat in haspital, g	ive street	address)	d. STREET A	DDRESS			E A TOTAL	e. IS RESIDENCE
	mithsbur	g, R.D.2				Smith	sburg,	R.D.2		YES NO
3. NA/ DEC (Typ	ME OF CEASED De or print)	Fra:	si nklin	Middle William	Ridenou	r	4. DATE OF DEATH	Mon 5	th C	2 1961
S. SEX		6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years last birthday)		R IF UNDER 24 I
	ale	white	WIDOW		June 3,			85 yrs.	Months Days	Hours Mi
10a. U	SUAL OCCUPATIO	N (Give kind af work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	CE (State	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNT
-	rm Labor				Edg	emont	, Md.		U	.S.A.
13. FAT	THER'S NAME				14. MOTHER'S	MAIDEN N	IAME			
Da	niel Rid	enour			Ama	mda D	itch			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ress	
				none M	rs. Frank	lin W	. Ride	enour, Sm	mithsbur	g, R.D.2
18.	CAUSE OF DEA	TH [Enter anly ane co	use per li	ne far (o), (b), and (c).]					IN	TERVAL BETWEE
	PART I. DEA	TH WAS CAUSED BY:	. (Coronary Oce	lusion				01	l Hr.
	4.0.	DUE TO				HILIT	19-6710			
	Conditions, if ar	v which)		rterioscler	Atic Co	hai or	17 2 C 011	lan Die	0000	10 Yrs
9	gove rise to in	mmediate (T COTTOPOTOT	0010 00	10.1	VCSDCG			
	ouse (a), stating t ying couse last.	ne under-							116	
-) (c IER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTO
CERTIFICATION 1000										PERFORMED YES NO
₩ 20	a. ACCIDENT WA	S UNDERLYING [7]	20b. DES	CRIBE HOW INJURY OCCURE	ED. (Enter nature o	injury in F	Part I ar Part	II of item 1B.)		
O CE	R CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER								
	c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d. II	NJURY OCCURRED 20e. I	PLACE OF INJURY (I	lome, form	, 20f. (City	or tawn)	(Count	y) (S
WEDICAL 00	Haur a.m.	19	While	Not while	actory, street, office					
-	p. m.		ot war		- 07			E 0 63		P
21	. I certify tha	t (1) (this haspita	l) attend	ded the deceased fram		19_		5-2-51		
		ed alive an	-1-		death accurred	at 4.30	M, fram	the causes an	d an the da	te stated abo
22	a. SIGNATURE	1. T 11	/		ATTENDING	S ME	ED.	STAFF PHYS.		SIG
-	(mare	B-SO-XU	12		M.D. PHYS.	[四 DI	RECTOR	PHYS.	400	5-3-61
22	2c. PHYSICIAN'S NAME (Type)				22d. ADDRE	SS				
	Charle	S F. Hos	3 M	D	Sm:	+1-=1	313.3.	25-2-16		
	URIAL, CREMATIO		OF .	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, town,	or caunty)	(State)
Bur	rial	5/6/61	100	Smithsburg			Smi	thsburg		M,
	VERAL DIRECTOR	SSIGNATURE	190	ADDRESS		2So. REC'	D BY REGIST	RAR 25b. REGI	STRAR'S SIGNAT	URE
1	alter 4.	Herr.		Waynesboro). Pa.	DAMAY	8 '61	and	my D. Mall	
	1	7		may meshori						



TO HOW AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fig. 4 may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEAU 6157	RCH AND RECORDS, CERTIFICATE		STREET, BALTIMO	RE 1, MARYLAND	
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	CTATE	CE (Where deceased lived, If I yland b. COUN	nstitution, Residence before edmis TY Washington	ssion)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		f outside corporate limits, write agerstown	RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	d. STREET ADDRESS	hph Street	e. IS RESIDE ON A FA YES NO	ARM?
3. NAME OF First DECEASED (Type or print) MINNIE	MAY	RIDENOUR	4. DATE Month OF DEATH May	Day Yeer 15 19 6	1
5. SEX 6. COLOR OR RACE 7. MARRIER Female White WIDOWER	I HEVER MARKIED	pate of Birth	1885 9. AGE (In years last birthday) 75 yrs.		HRS.
Warper Rib	nd of Business or Industry bon Factory	Lycoming	ty & State, or foreign country) Co., Penna.	U.S.A.	NTRY
13. FATHER'S NAME Charles L. Liddingto	n	14. MOTHER'S MAIDEN	herine Truitt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice)		NFORMANT S. James K.	Address Fockler Hager	stown, Md.	
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ma.	ine for (a), (b), and (c).	homatosis	(primary in	Pa-	EN TH
Conditions, if any, which (b)			rotid gland)		hs
gave rise to immediate cause (e), stating the underlying cause last, (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	None.	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTO PERFORME YES NO	ED?
PART II. OTHER SIGNIFICANT CONDITIONS CON 20b. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Dey, Year 2Dd. While Hour a.m. While et wor	Not While factor	CE OF INJURY (Home, farr ory, street, office bldg., etc		(County) (Slat	te)
21. I certify that (I) (this hospital) attends aw the deceased alive on May 13.				and on the date stated at	bove
22a. SIGNATURE) ell/m	D. PHYS.	MED. STAFF PHYS.	May 16,196	IGNED
22c. PHYSICIAN'S R. A. B ell,	M.D.	22d. ADDRESS	agerstown, M		
236. BURIAL, CREMATION, 236. DATE THEREOF FINANCIAL (Specify) 5/18/1961 24 FUNERAL DIRECTOR'S SIGNATURE HOME R. FLANKLIN RAYGE ROUGE HUNGRAL HOME	Rose Hill Ce Address Hagerstown, M	metery 25e. REC	Hagerstown CD BY REGISTRAR 25b. REC Y 1 8 '61 CA	Maryland	

MARYLAND STATE DEPARTMENT OF HEALTH

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	epti reflet setter		or
	I he Too _ T	.11.14.11.6	
hn-Ectan		I lose Hill	

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7	PLACE OF DEATH O. COUNTY	MARYLAND	a. STATE	b. COUNTY	
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN IIf outside co	prporote limits, write RURAL and giv	
	RURAL and give neorest tawn)		02	-	
1	d. NAME OF HOSPITAL (If not in hospital, give street	2 WEEKS	d. STREET ADDRESS	KSTOWN	e. IS RESIDENCE
	OR INSTITUTION			DATALOGO ST	ON A FARM? YES NO D
ŀ	WARLOCK NORSING	HOME	605 SOUTH	POTOMAC ST	
	R. NAME OF DECEASED (Type or print)	Middle	ROHREZ 4. DA		Day Year
7	S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	The state of the s	YEAR IF UNDER 24 HRS.
	FEMALE WIHITE WIDOW	ED DIVORCED	MAV. 28-1873	lost birthday) Months D	oys Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or fareig	n country) 12. CITIZE	N OF WHAT COUNTRY?
	during most of working life, even if retired)	WN HOME	KOHRERSVILL	E WASH, CO. MO.	11.2.11
1	3. FATHER'S NAME	AKIN EJOIREC	14. MOTHER'S MAIDEN NAME	C VVIISITI CONTACTO	41377
	ROBERT MCC	110	HANNAH	HIGHTMAN	,
1		SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	Yes, no, or unknown (If yes, give war or dates of service)	ALAALE NA	RS. HOMER AHA		TOMAC ST
-	1B. CAUSE OF DEATH [Enter only one couse per li		D. HOMEK HHA	IT HACIERS	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ne lot (u), (b), and (c).	01.1.6	1 1.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	777 3210	Sclenuti hu	21 0/121	10621
	420.0 DUE TO				
	Conditions, if ony, which (b)				
1	couse (o), stating the under-				
	lying cause lost. (c)			THE CONTRIBUTION OF THE PARTY	LA TAG WAS ALITORSY
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	PERFORMED?
	60251212 7	teel du	to cztern	Solar	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTION OF CONTR	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or	Part of item IB.}	
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While p. m. 19 at wor			(City or town) (Co	unty) (Stote)
	Hour o.m. While p.m. 19 at wor	Nat while	tory, street, office bldg., etc.)		
d			11.	d. 12 10/1	Ab - 4 (1) (-) 1 .
	21. I certify that (I) (this haspital) attend				, that (I) (we) last
	saw the deceased alive an 220. SIGNATURE	1964., and that c	eath accurred at 1/2 M, fr	am the causes and an the	22b. DATE
	20. SON 10 10 10 10 10 10 10 10 10 10 10 10 10	11. 1.	ATTENDING MED.	STAFF	SIGNED
	22c. PHYSICIAN'S	law	M.D. PHYS. DIRECTOR 22d. ADDRESS	PHYS.	1244
	NAME (Type) = /din S	Hoach /	2/ // 054.	2) Lun my	1
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LC	OCATION (City, tawn, ar county)	(Stote)
	PEMOVAL (Specify) MOV 28:1961	ROHRERSVILLE	CEMETERY RO	HRERSVILLE LIFACH	CAIMD
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 25b. REGISTRAR'S SIGN	NATURE
	Telen W. Bast 130	ONSBORO 1	AD. DATE MAY	31 '61 ariling &	?. Krous

TO HOSP DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hourselver death. The E.C. HOACHLANDER VR A1S (4) 1SM 9/S9

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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TO HOSPIN OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the offer death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 22 shours after death.

ofter death. Page 4

VR A15 (4) 15M 9/59

)	61	59		CERTII	FICATE	OF DE	AIH	71.50		20.85	111	114	()
	LACE OF DEATH	Washingto	n	MAR	YLAND 2	USUAL RESID o. STATE	ENCE (Where dee		If instituti COUNTY		nce befo	re admiss	ion)
1 .	CITY OR TOWN RURAL ond give i		its, write c	2 days		10	own (If outside ral	corporote limi		URAL and	give nec	arest town	1)
-	NAME OF HOSP	ITAL (If not in haspital, o		dress)		d. STREET AC	DRESS						FARM?
1	IAME OF DECEASED Type or print)	Guy	rst	Allison		Saund	ers, Jros	F	Mor	M		28,	
5. S	male	6. COLOR OR RACE White	WIDOWED	DIVORCE	D A	9	8, 1913	3 47	(In years birthdoy) yrs.	Months	Days	Hours	Min.
	owner	ION (Give kind of work rking life, even if retired)	nd of Business of avern		Hage	rstown,				SA	F WHAT C	OUNTRY?
	FATHER'S NAME	Guy Saur					MAIDEN NAME	lary C			e Fi	she	r
15. (Yes	was deceased ev	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SO	OCIAL SECURITY NO). 17, INFO		evieve	Saund	Add ers,	130	veto	wn,	Md.
		the <u>under-</u>	Left of	Ventricul Edes	Cu	rhosi	Thy &	Pulm	onas	y		erval Be SET AND	PEATH
CERTIFICATION		THER SIGNIFICANT CON	1	ntributing to de	EATH BUT NO	OT RELATED TO	THE TERMINAL DI	SEASE COND	ITION GIV	/EN IN PA	RT 1(o) 1	PERFO	AUTOPSY ORMED?
	OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		IBE HOW INJURY O	OCCURRED. (Enter nature of	injury in Part I a	or Port II of it	em 1B.)				
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Manth, Doy, Ye	ar 20d. INJI While at wark [URY OCCURRED Nat while at wark	20e. PLACE factor	OF INJURY (H y, street, office	ome, farm, 20f. bldg., etc.)	(City or tow	n)		(County)		(State)
		at (1) (this haspita	1) ottended 28 Hay	d the deceosed 1961, and		ATTENDING	ot 6 (M, f	STAF	F	12., 19. nd an th		stated	we) lost l obave. b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	J. D. Wils	-			22d. ADDRES	. Potoma	c Stre	et,H	. 30		, Mar	yla
230.	BURIAL, CREMATI REMOVAL (Specify DURIAL	on, 23b. DATE THEREO		23c. NAME OF CEN Cedar L		rematory em. Ga		OCATION (C	ity, town, erst			(Stat	e)
	cott F.	R'S SIGNATURE Minnich	& Son	ADDRESS Hager	stown	. Md.	25a. REC'D BY R	egistrar '61	25b. REGI	STRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE Md . b. COUNTY	on: Residence befare admission) Wash.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write R	URAL and give nearest town)
	Hagerstown	life	Hagerstown	03
	 NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Western Maryland Sta	te Hospital	316 Liberty St.	YES NO
3.	NAME OF DECEASED (Type or print) Goldie	ROSE	SEMLER 4. DATE OF DEATH 5	Day Year 196/
5.	female 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH May 12, 1908 9. AGE (In years lost birthday) 53 yrs.	Months Days Haurs Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY
	during mast of working life, even if retired)	aircraft mfg	. Hagerstown, Md.	USA
13	FATHER'S NAME	8	14. MOTHER'S MAIDEN NAME	
	Harvey L. Sm	ith		May Strock
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		IFORMANT Add	ress
14	es. no, or unknown) (If yes, give wor or doles of service) 2	19-20-1731	Howard L. Semler, Hager	rstown, Md.
F	18. CAUSE OF DEATH [Enter only one cause per li	ne for (al), (b), and (c).1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Plan	Can Bulmand	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	chronic	Cor Pulmonal	e unanow
В	24/X DUE TO	Trulingue	and a shore	limbung
П	Canditions, if any, which (b)	gremona	Ly empenysema	001.21.01
	cause (o), stating the under.	Rame D.	U sp	10 years
-	lying cause last. (c)	or on oni	e asigma	1-0
CATION	PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPS
		mellita	15	YES NO
CERTIF	206. ACCIDENT WAS UNDERLYING A 206. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
3	20c. TIME OF INJURY Month, Day, Year 20d. I		ACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State
MEDICA	Haur a. m. While at war	1401 WIIIIO	nary, sneer, office diag., erc.)	
	21. I certify that (I) (this hospital) attend	ded the deceosed from.	April 25 196/ 10 May 3.	/, 19/_/, that (I) (we) los
	saw the deceased olive on Man 3	1 19 6/, and that a	leath occurred ot M, from the couses or	nd on the date stated above
	22a. SIGNATURE	of	ATTENDING MED STAFF 1	22b. DATE SIGNE
	22c. PHYSICIAN'S	Muse	M.D. PHYS. DIRECTOR PHYS. PHYS. 22d. ADDRESS	1 49 31, 196
L	NAME (Type) YOUNG L	E. CHUN	1500 Penna. A	ve Hagerston
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 6-3-61	23c. NAME OF CEMETERY O		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		STRAR'S SIGNATURE
	Scott F. Minnich & S.	on, Hagersto	wn, Md. DATE UN 5 '61 Ch	hur S. Kraus
E				

may be feroined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detoched far use as the burial-transit permit. the State Boord of Health prior to burial, cremation, or remayal, VR A1S (4) 1SM 9/59

TO HOSPI

ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

in by the funeral directar, and 2 shauld be filed with

Then please remove corban popers. Pages 1 event, within 72 haurs after death.

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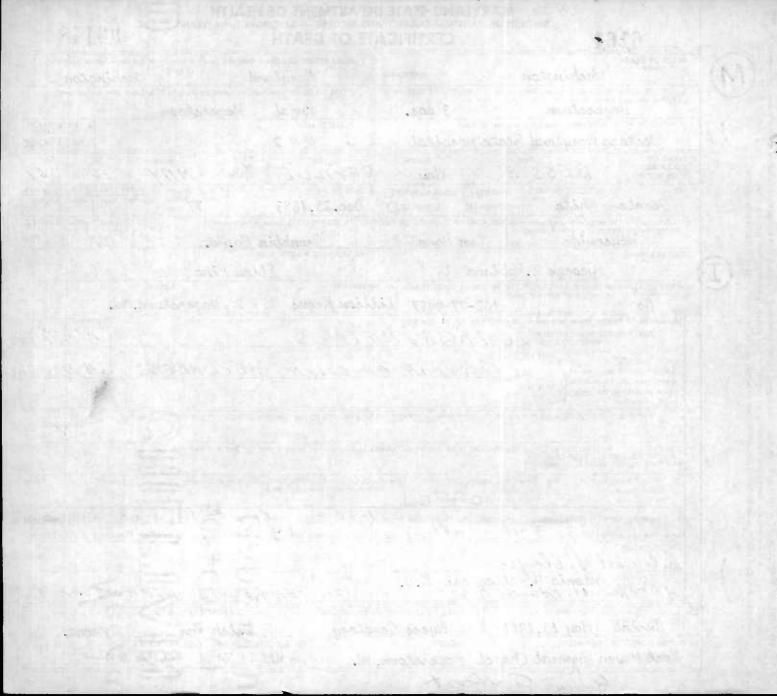
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, or removol, and in any event, within 72 haurs ofter death.

TO HOSPIT

VR A1S (4) 1SM 9/59

6161	CERTIFICA	TE OF DEATH		06148
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who	1 (014)	ion: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Agerstown	3 mos.	c. CITY OR TOWN (IF or Rural	utside corporate limits, write R Hagerstown	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Western Maryland Sta	te Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BESSIE	Middle May	SEVILLE	4. DATE Mor	y 10 1961
Temale White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 28, 1883	9. AGE (In years last birthday) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDU	Grankli	n Co.Pa.	12.CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME George W. Rob.	ison	14. MOTHER'S MAIDEN N	Uen Pine	
(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Uian Kraus K	Add 4 2 Hagerst	own, Md.
18. CAUSE OF DEATH [Enter anly one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line far (o), (b), ond (c).] ARCINO MI	ATOSIS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	ARCINOMA O	FCOLON	RECURRE	NT 29 MONT
Iying couse lost. (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERSORMED? YES 1 NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	art I or Part II of item 18.)	
Hour o.m. Wh	t.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this hapital) atters saw the deceased alive an 5-10	ended the deceased fram		6/, ta 5-10 M, fram the causes ar	nd on the date stated abave
Puto vio U. Pallo gro		M.D. ATTENDING ME PHYS. DII	ED. STAFF PHYS.	22b.DATE SIGNEI
22c. PHYSICIAN'S Antonio U.Pal ANTONIO U. PALLAC	a Mosi	1500 PEN.		GERSTOWN M
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) May 13,1961	23c. NAME OF CEMETERY OF		23d. LOCATION (City, town, Welsh Run	or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chap	ADDRESS	25a. REC'I		ISTRAR'S SIGNATURE
When. a.	Hors &	The same of		



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VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-	A	-	PART 4	
CERT	AIL			
V.ERI	-			

	7								100		
1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Vhere deceased	lived. If institution b. COUNTY	an: Residence	e before odr	mission)	
WASHIN	GTON		MAR	LAND	MARYLAND	10.55	D. COOITI1	WASI	HINGT	ON	
b. CITY OR TOWN (I RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corpor	rote limits, write R	URAL ond gi	ve nearest t	own)	
	RING. MD.		LIFE		CLEAR SI	PRING.	MD.	X			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					RESIDENCE	
RESIDEN	CE CLEAR	SPRI	NG. MD.		MAIN ST.	• ,				□ NO/E	
3. NAME OF	Fire		Middle	(1)	Last	4. DATE	Mon	ith	Day	Year	
DECEASED (Type or print)	ANNA		PEARL		SHANK	DEATH	MAY		7.8	1967	
S. SEX		7. MARR	HED NEVER MARRI	ED.#	B. DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HRS	
FEMALE	WHITE	WIDOWE		il	APRIL 12.	1895	last birthday)	Months I	Pays Hou	ers Min.	
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU				12. CITIZ	EN OF WHA	AT COUNTRY	
HOME DUT	king life, even if retired		HOUSEWO		WASHING	TON CO	. MD.	21-24	U.S.	Δ.	
13. FATHER'S NAME			1100015110	1617	14. MOTHER'S MAIDEN		• 1.17.		0.0.	12.0	
TOOLOG	TT & NTTE				DEGGTI	פוניסת פ	77				
	HANK R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17. IN	BESSII	E RONE	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of se	ervice)				U A NIV	PTO	SPR	TNC	MD	
IN CAUSE OF DE	NONE	K.I	8-34-390		TUGER L. SI	HANK	DIC	JIII.			
	ATH [Enter anly one co ATH WAS CAUSED BY:	use per III						ion	ONSET A	ND DEATH	
///	IMMEDIATE CAUSE (0)	Myocard	ial in	farction due to c	огопату а	rtery occius	1011	9 111	Hinres	
420	DUE TO								unkne	own	
	Conditions, if ony, which gove rise to immediate (b) Coronary artery atherosclerosis unknown										
couse (o), stoting			Urmartan	civo I	Heart Disease				unkr	nown	
lying couse lost.) (c		/ *								
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W.	AS AUTOPSY RFORMED?	
2			None				V-1-1-		YES	□ NOX	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of injury i	n Port I or Port	II of item 18.)				
WEDICA TIME OF INJUST Hour a.m.	Y Month, Day, Yes		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, for	rm, 20f. (City	or town)	(Co	ounty)	(Stote	
Hour a.m.	19	While at wor	Not while	101	clory, street, office blug., e	11(.)					
	nt (1) (this haspital	\ attand	lad the deceased	fram	April 30, 195	8 40	May 18	1061	that (l) (we) las	
saw the decea	1/10	y 18	19 61 and	that c	leath accurred at	30 PM	the causes ar	nd an the	date sta	ted abave	
220. SIGNATURE	ie Rober	-	the .		M.D. ATTENDING XX	MED.	STAFF PHYS.		Mav	22b. DATE SIGNED 20. 1961	
72c. PHYSICIAN'S	0				22d. ADDRESS				21,000	20, 200	
NAME (Type)	Archie Robert	Cohe	n, M.D.		Clear S	pring, Ma	aryland				
23a. BURIAL, CREMATIC	N, 23b. DATE THEREC)F	23c. NAME OF CEM	ETERY C	R CREMATORY	23d. LOCAT	ION (City, town,	or county)	1	State)	
REMOVAL (Specify)				TS	CEMETERY	Sm	PAHIS	MD	,		
24. FUNERAL DIRECTOR	MAY 22,	7307	ADDRESS		25a. RF	C'D BY REGIST	RAR 2Sb. REGI	STRAR'S SIG	NATURE		
21 =	11.6	(ING	MD. DATE	AY 2 4 '61		hun S. F			
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			C. Kr. Page
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VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	616	3	OIV OF	CERTIFIC	CAT	E OF DEATH	NORE I, MART	AND	1	613	5()
	LACE OF DEATH COUNTY Washingto	on County		MARYLA		o. STATE Maryland		COUNTY	: Residence		mission)
b		f outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	CITY OR TOWN (If ou	utside corporate lin				own)
	Hagersto			3 days		Smithsbur	g . Rout	0 1/2			
d	. NAME OF HOSPIT	AL (If not in hospital, g	ve street			d. STREET ADDRESS	8 , 11,001	= #/2		e. IS	RESIDENCE
	Washing!	ton County	Haen	ital							N A FARM?
3. N	IAME OF	Fire		Middle		Last	4. DATE OF	Month		Day	Year
(Type or print)	G eorg	е	Bartra	a. in	Shively	DEATH	May		18	19 61
S. S	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH				_	NDER 24 HRS
	Male	White	WIDOW			11/28/83		birthdoy) 77 yrs.	Months D	ays Ho	urs Min.
10a.	USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote of	or foreign country)		1		AT COUNTRY
	Retired			AUTO SALES		Waynesbo	ro, Pa.		U	. S.	Α•
13. 1	ATHER'S NAME					14. MOTHER'S MAIDEN N	AME			3 -	
	GEORGE	SHIVELY				JEANN	E SHAEFF	ER	•		
15. 1	WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT		Addres	is		
[Yes,	no, or unknown)	(It yes, give war or dates of se	rvice)		MRS	G. BARTRAM	SHIVELY.	SMITHS	SBURG	RT.	2 Mp.
ATION	Conditions, if o gove rise to i couse (a), stoting lying couse lost. Part II. OTH	the under-			1	generalized OT RELATED TO THE TERMIN		DITION GIVEN	N IN PART 1	PE	AS AUTOPSY RFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in P	art I ar Part II of i	tem 1B.)		163	M NO L
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Day, Yeo	while	Not while	PLAC factor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or tow	n)	(Co	unty)	(Stote
		at (I) (this hospital secholive on Ma	****			ath accurred of 2:45 ATTENDING ME PHYS. DIR	A	ouses and			, ,
22	NAME (Type)	J. H. Kehn				131 W.	Washingt				
(BURIAL, CREMATIC REMOVAL (Specify) UNERAL DIRECTOR	15/19/61	/	23c. NAME OF CEMETI	EM.	AtiRium	23d. LOCATION (I	VOY + 0 / 25b. REGISTI	A/	I	Stote)
4	atte	2/ 13000	1 9	This marker	10 0	DATEMAY	2 2 '61	auch	w 8 H	anua.	

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2	Fice	th	JIRE
AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delater necessary, please exe-	cute is equificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ctor. Page 4 shauld be	farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fires.	D FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian.
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	6	DW	S
5	20	ç	OF

VS. A15ME(5) 5M 9/55

0.0.0.	TE DEPARTMENT OF HEALTH—BALTIMORE, EXAMINER'S CERTIFICATE OF DEATH
PLACE OF DEATH O. COUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived. If Institution of STATE b. COUNT

CERTIFICAT 2. USUAL RESIDENCE (W. 9. STATE				Reg. Dis	t. No	.0	.) (
	here decen						
	Hote Geceus				ce bel	are odm	ission)
	YT.AN	D 6. CC	TNU	WASH	TN	GTO1	V
c. CITY OR TOWN (IF	autside cor	porate limits,	write	RURAL ond	give n	earest to	wn)
TIAC TE	2mon	ΆΤ					
d. STREET ADDRESS	IO LONE	17			_	e. IS R	ESIDENCE
1050 S.	POT	OMAC	ST			YES [A FARM?
FER Lost	4. DATE OF DEATH	MA	Month		Doy	6	9 61
ATE OF BIRTH 11/2/188	38	last birthday			-	Hours	ER 24 HRS. Min.
11. BIRTHPLACE (Stote	or foreign c	ountry)		12. CITIZ	EN O		
MARYLANI)					U.	S.A.
ugenia	GERT	RUDE	BR	EWER			
S W. E. KI	REGLO			ERSTO	WN		MD.
Homonnhago					ONSE		
1 Tellioronage			-			OSIA	
neurvsm						ecen	t
J Aonta							
100	NAŁ DISEASI	CONDITION	GIV	EN IN PART		PERFO	RMED?
r noture of injury in Part	I or Port II	of item 18.)					
OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	or town)		(Coun	ty)		(State)
	HAGER d. STREET ADDRESS 1050 S. FER ATE OF BIRTH 11/2/188 11. BIRTHPLACE (Stole of MARYLANI) MARYLANI MOTHER'S MAIDEN N Eugenia DRMANT S. W. E. KF Hemorrhage RELATED TO THE TERMINI TO NOTUTE OF INJURY IN Part	HAGERSTOW d. STREET ADDRESS 1050 S. POT FER Lost A. DATE OF DEATH ATE OF DIRTH 11/2/1888 11. SIRTHPLACE (Stote or foreign of MARYLAND MARYLAND MOTHER'S MAIDEN NAME EUGENIA GERT DEMANT S. W. E. KREGLO Hemorrhage RELATED TO THE TERMINAL DISEASE T noture of injury in Part I or Port II	HAGERSTOWN d. STREET ADDRESS 1050 S. POTOMAC FER A. DATE OF MA ATE OF BIRTH 11/2/1888 11. BIRTHPLACE (Stote or foreign country) MARYLAND MARYLAND	HAGERSTOWN d. STREET ADDRESS 1050 S. POTOMAC ST FER ATE OF BIRTH 11/2/1888 11. SIRTHPLACE (Store or foreign country) MARYLAND S. MOTHER'S MAIDEN NAME Eugenia GERTRUDE BR DEMANT S. W. E. KREGLO Hemorrhage RELATED TO THE TERMINAL DISEASE CONDITION GIV r noture of injury in Part I or Port II of item 18.)	HAGERSTOWN d. STREET ADDRESS 1050 S. POTOMAC ST. FER ATE OF BIRTH 11/2/1888 11. SIRTHPLACE (Stote or foreign country) MARYLAND S. MOTHER'S MAIDEN NAME Bugenia GERTRUDE BREWER PRAMANT S. W. E. KREGLO Hemorrhage RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T noture of injury in Part I or Port II of item 18.)	HAGERSTOWN d. STREET ADDRESS 1050 S. POTOMAC ST. FER A. DATE MAMONTH DOY DEATH MAYON MONTHS DOY ATE OF BIRTH 1.2/1888 11. BIRTHPLACE (Stote or foreign country) MARYLAND S. MOTHER'S MAIDEN NAME BUR EN Address BURMANT Address HAMOTTHAGE LEURYSM 1 Aorta RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119 T noture of injury in Part 1 or Port II of item 18.)	HAGERSTOWN d. STREET ADDRESS 1050 S. POTOMAC ST. FER ATE OF BIRTH 11/2/1888 11. BIRTHPLACE (Store or foreign country) MARYLAND S. MOTHER'S MAIDEN NAME Bugenia GERTRUDE BREWER DEMANT S. W. E. KREGLO HAGERSTOWN IF UNDER TYEAR IF UND Months Days Hours 72 yrs. 12. CITIZEN OF WHAT U. INTERNAL BETWE ONSET AND DEL INTERNAL BETWE CHARGE LEURYSM LECTION Address HAGERSTOWN LECTION INTERNAL BETWE ONSET AND DEL

Ь.	1123,00	HINGION		MARY	LAND	MAI	RYT.AN	1)	MASHI	INGTON	
	HAGERSTO	outside corporate limits, write	RURAL	C. LENGTH OF STAY	IN 1b	. CITY OR TOWN (II			RURAL and gi	ve nearest tow	n)
						HAGE					
1	WASHINGT	ON COUNTS	Mospite HOSI	PITAL	(3)	1050 S	POI	OMAC ST	•	o. IS RES	FARM2
·D	NAME OF DECEASED Type or print)	LENA		EOLA Middle ST	rouff	ER Lost	4. DATE OF DEATH	MAY	h I	26 Yes	61
. SE	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED			11/2/18	38	9. AGE (in years last birthday) 17 2 yrs.	Months Day	EAR IF UNDER	R 24 HR! Min.
di	USUAL OCCUPATION WORKING HOUSEWIF	N (Give kind of work d life, even if relired)		OF BUSINESS OR I	INDUSTRY 1	MARYLAN		country)	12. CITIZE	U. S	
3. 1	FATHER'S NAME MATTHEW	W. LIND	SAY		14. /	Sugenia		RUDE BR	EWER		
		R IN U. S. ARMED FOR (If yes, give war or doles of se		CHALSECURITY NO.	MRS		REGLO	Address HAG	ERSTO	WN M	D.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lassive Subarachnoid Hemorrhage Due to										N H
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO Cardiac Hypertrophy									lecent	;
IFICATION	PART II, OTHI 20a. EXTERNAL CAU: PRIMARY or CON	ER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH	8UT NOT RE	LATED TO THE TERMI			EN IN PART 1(o) 19. WAS AL PERFORI YES	MED?
- L	CAUSE OF DEATH.		204 INI	IURY OCCURRED 20	DI ACE OF	INJURY (Home, form	205 (614)		10	A	(61-1-2
2 1	Hour a.m.	,,,,,,	While	Not while _	factory, sl	reet, office bldg., etc.	20r. (City	or town)	(County	')	(State)
	p. m.	19		ol work					4177		
	p. m. 21. I certify the	at I toak charge fram: Natural c	of the re	mains described				nspectian,		, and fi	nd the
	p. m. 21. I certify the	at I toak charge	of the re	mains described		CHIEF MEDICAL EX	AMINER	ndetermined c		, and fi	
	p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	at I toak charge fram: Natural c	of the recauses D	Accident	Suicide M.D	CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINE	ndetermined c			
220.	p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ot I toak charge fram: Natural control of State	of the recauses D	Accident	Suicide M.D RY OR CREM	CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINER 22d. LOCA	ndetermined c	-27-61 or county)		3NED

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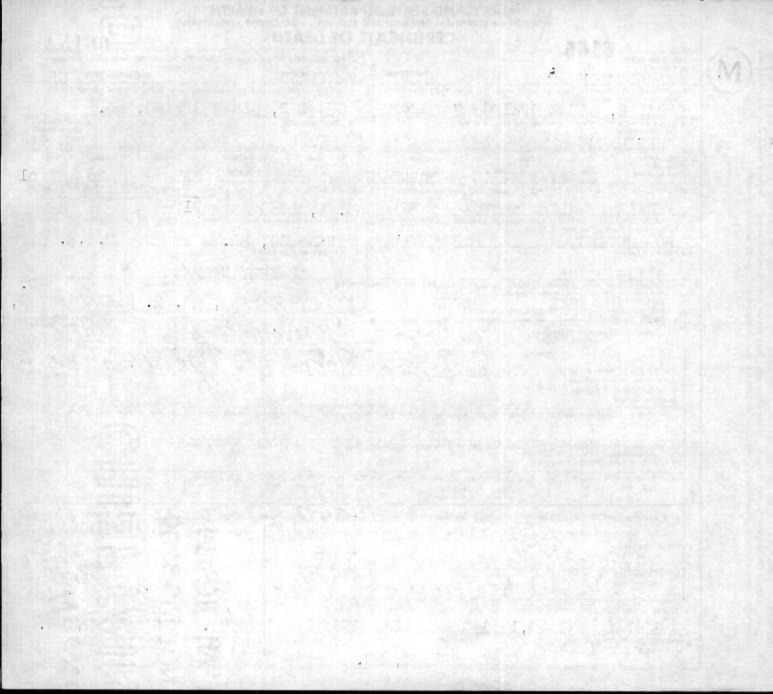
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	6	23.65		CERTIFI	CA	TE OF DEATH				615	2
	PLACE OF DEATH	1200				2. USUAL RESIDENCE (Who	ere deceased	d lived. If institution: b. COUNTY	: Residence befo	re admissi	ion)
	WASHING	TON		MARYLA	AND	MARYLAND		D. COOKIT	WASHI	NGTO	N
	b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limi	ts, write c. LEN	NGTH OF STAY IN	116	c. CITY OR TOWN (If or	utside corpo	rote limits, write RUR	AL ond give ne	arest town)
	RURAL 2,		PRING	7 YEARS	5	X RURAL 2,	CLE	AR SPRING	G, MD.		
	d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street address	5)	-	d. STREET ADDRESS				e. IS RESI	FARM?
	RESIDE	NCE				NONE				YES 🗌	NO [[]
3.	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Month	Do	by Y	feor
	(Type or print)	LILLIAN	BELLE	STRUCK			DEATH	MAY	2	×	9 61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH			FUNDER 1 YEAR Months Doys	Hours Hours	R 24 HRS. Min.
	FEMALE	WHITE	WIDOWED	DIVORCED		NEC. 4, 188	9	71 yrs.	4		
10c	during most of work	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN O	F WHAT C	OUNTRY?
	HOMEDUT			USE WOR	RK	FINKSBURG	, MD.		U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	ÂME				
	SILAS	DIEHL				4000	NSY I	BARNES	1.56		
		R IN U. S. ARMED FOR If yes, give war or dates of si		L SECURITY NO.	17. IN	IFORMANT		Addres	S		MD.
	NO	NONE	N	ONE		WARD STRUC	KMAN	, RD. 2	. CLEA	R SP	RING,
		TH [Enter only one co	use per line for ((o), (b) gond (c).]	/	1 1/2	/	1	INT	ERVAL BE	DEATH
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Cer	wa	el	- Hemo	rst	rage		4 a	ays
	331	DUE TO		-	1	2 N. D.	-	11/-	1	-	
	Conditions, if or		, Car	lere	ay	Vellio	dis	Myper	ensur	50	120
	gove rise to it couse (o), stoting	DITE TO			ì			///			
	lying couse lost.) (c									
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTRI	IBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVEN	N IN PART 1(o)	19. WAS / PERFO	RMED?
CAI										YES 🗌	NO 🗌
RTIF	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OC	CURRE	D. (Enter noture of injury in F	ort 1 or Por	t II of item 1B.)			
I CE					-11						
DIC	20c. TIME OF INJUR			OCCURRED 2		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		or town)	(County)		(Stote)
MEDI	p. m.	19		ot work			<u> </u>				
	21. I certify tha	it (1) (this haspital) attended th	ne deceased f	ram.	May 12,19	6-1.ta.	May 26	2, 19_6_ (th	nat (I) (we) last
	saw the deceas	sed alive on	ay XS,	196 / and t	hat d	leath accurred at 100	M, fram	the causes and	an the date		
	220. SIGNATURE	· LAD	20			ATTENDING 1 ME	in.	STAFF	5/	222	SIGNED
	all	via	Del	ver		M.D. PHYS.	RECTOR [PHYS.	1/2	-7/6	-
	22c. PHYSICIAN'S NAME (Type)	Dairid	PF	340111	01	22d. ADDRESS	. A	1hain	2	MA	1.
)CEVIU	Mint	1) E VU		Lela	LV	gerive	7 1	rig	
236	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	/-	NAME OF CEMET	ERY O			TION (City, town, or		(Stote	-
_	BURIAL	MAY 29,		EDAR LA	IWN	MEMORIAL G	ARDE		ERSTOW		ID
24	FUNERAL DIRECTOR	S SIGNATURE &	07717	ADDRESS	-	2So. REC'I	AY 3 1	2Sb. REGIST	RAR'S SIGNATU	KELA	

DATE

CLEAR



. TINE STATE Send Armonic on the send of th to the contract of the section of 25 181, 1 32 1 300 Note that the state of the stat winds the second 110 Seattle Assessment The best was found to make the contract of the To a Ve with To T PS Lines The hand of the state of the st The Explanation of the Park of Latin - I have - I will be a later - I will be Sandar Comment of the State of was read to the same of Last week for the contract of the contract of the contract of Colon Colon

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSE

VR A15 (4) 1SM 9/59

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1 MARYLAND

61	67		CERTIFICA	TE OF I	PEATH				116	15	a
1. PLACE OF DEATH a. COUNTY	ashington		236 Film 020	2. USUAL RE a. STATE	SIDENCE (WH		lived. If institution b. COUNTY	was		admissio	ລກ)
b. CITY OR TOWN (IF RURAL and give ne Hagerst	own		c. LENGTH OF STAY IN 16	Hag	ersto		ate limits, write RI		ve near		
OR INSTITUTION	al (If not in haspital, g				ADDRESS Summ	nit Av	e.	1		ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fire Ida		Middle Hermie	Swee	ney	4. DATE OF DEATH	Man	May	14,		9 61
f emale	6. COLOR OR RACE white	7. MARR	D A DIVORCED	Feb. 2		395	P. AGE (In years last birthday) 66 yrs.	Manths		Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATIO during mast af wark hou	N (Give kind af wark on a life, even if retired) Sewife	dane 10b.	KIND OF BUSINESS OR IND	was	ningt	on Co	., Md.		SA	VHAT CO	DUNTRY?
13. FATHER'S NAME	. Frank l	lasoi	n	14. MOTHER	S'S MAIDEN N		fie Se	Lgman			
1S. WAS DECEASED EVER (Yes, no, or unknown) (IN U. S. ARMED FOR f yes, give wor or dates of st			arl L.	Sween	ney, H	lagersto		Md.		
	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which mediate) <u>M</u>	e far (a), (b), and (c).]	ic Le	euk	em i	5		INTER	VAL BET T AND	DEATH
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING U (IF EITHER, NOTIFY	er significant con	DITIONS C	ONTRIBUTING TO DEATH BY	JT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART		PERFOR	NO F
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE	RED. (Enter nature	af injury in	Part 1 ar Part	II af item 18.)				
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yee	20d. It While at warl	Nat while	PLACE OF INJURY actary, street, aff			ar tawn)	(C	aunty)		(State)
saw the deceas	4.4) oftend	ed the deceosed from		ed ot / P		the causes an	, 19 <u>6</u> d on the		stoted	
22c. SIGNATURE	a.//	M	ne	M.D. ATTENDI PHYS.	DI DI	ED.	STAFF PHYS.			5/1	DATE SIGNED
NAME (Tyke)	1072 A	11/1	oFfma	21	1414.	Pot	- st-f	1296	111	ton	n_{r}
23a. BURIAL, CREMATIO REMOVAL (Specify) burial	May 16	= -1:		or crematory Cemeter	7	Hage	rstown	, Md.		(State)

Orling & Krave

F. Minnich & Son, Hagerstown, Md. DATEMAY

Scott

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		and the Thomas
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		es vices vill
	Mangaye	
The Arthur St. W. W. W.		
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The state of the s	col in existing the	eff.1 m. L. Houl

ifter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

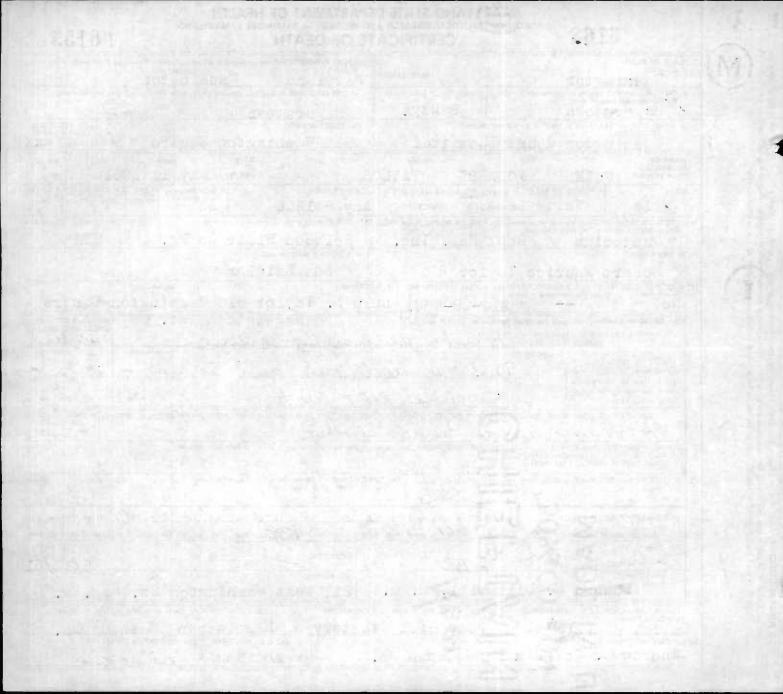
CERTIFICATE OF DEATH

06155

1. PLACE OF DEATH o. COUNTY Mashington	MARYLAND	2. USUAL RESIDENCE (W o. STATE laryland		ived. If institution b. COUNTY Shing to		fore admission)
	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				ancest town)
RURAL and give nearest town)	. 5	C. CITI OK TOWN (IF	conside corpora	e iliniis, wille ku	KAL dild give ii	ediesi iowii)
Hagerstown	6 Days	Hagerst	own		V.3	
d. NAME OF HOSPITAL (If nat in haspital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Washington County w	ospital	514 Wash	ington	Square		YES NO
3. NAME OF First	Middle	Last	4. DATE	Month		Day Year
(Type or print) GLENN FORRES	ST TAYLO	OR	OF DEATH	May 11	1961	19
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.		FUNDER 1 YEA	AR IF UNDER 24 HRS
Male White WIDOWED		May 8 1908		Jast birthday) 53 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. KIN during mast af working life, even if retired)	ID OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	ar fareign cou	ntry)	12. CITIZEN	OF WHAT COUNTRY
	Hall Inc.	Belwood	Blair	Co Pa.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	III-sa		1300 12-13
Robert Maurice Taylo	or	Ada Ze	igler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC		NFORMANT		Addre	55	
Yes, no, or unknown) (If yes, give war ar dates of service)	-09-5331 L	ulu M. Tayl	or 514	Washin	ngton	Square
18. CAUSE OF DEATH [Enter only one couse per line for	30 0002		erstow		-	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	i (a), (b), and (c).		01500	11	Ot	NSET AND DEATH
IMMEDIATE CAUSE (o)	inte mil	unduary.	2 Oler	ed:h		4-4.
260 X DUE TO	, ,	1 1	0	-		
Conditions, if ony, which) (b) () iod	reter wis	elly ture c	ruce)ev.us	-	10 year of
gove rise to immediate Cause (a), stating the under-		2 2 . / 2 1				0
lying couse last. (c) Scu	inguene l	if the foot			7	10 day
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	THOT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON	Least	clisiane				YES TANO
TO ACCIDENT WAS UNDERLYING TO JOH DESCRIP	BE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port I	of item 18.)		
CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ZOC. TIME OF INJURY Month, Day, Year 20d, INJU	RY OCCURRED 20e. PI	ACE OF INJURY (Home, for	m, 20f. (City o	r town)	(Count	y) (Stote
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work p. m.	_ HOL WILLE	ictory, street, affice bldg., et	c.)			
p. m. 19 of work	ot work	-/-		,	- 1	
21. I certify that (I) (this haspital) attended	the deceased fram.	5/2 19	60, ta_0	[1]	1964.	that (I) (we) las
saw the deceased alive an 6/10	_ 19.61 , and that	death accurred of 2	M, fram th	ne causes and	on the da	te stated abave
220. SIGNATURE						22b. DATE
Schwerd W. W 1990	Til.	M.D. PHYS.	AED. DIRECTOR [STAFF PHYS.		5/12/67
22c. PHYSICIAN'S		22d. ADDRESS			90 2 de al 1	7,,
NAME (TEdward W. Ditto :	111, M. D.	217 West	Washi	ngton S	St. Ha	g. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2:	3c. NAME OF CEMETERY (OR CREMATORY	23d. LOCATIO	ON (City, town, or	county)	(State)
REMOVAL (Specify)		emeterv	Harara	town	Wash o	o Ma
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA	AR 25h REGIST	TRAR'S SIGNAT	TURE
Andrew K. Coffman Hag						
77777777777	OZ DOWII MU	DATE N	IAY 15'6	Q _n	Thur & the	Alla

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotion, or removal, and in any events into 72 hours after death. D HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be retained by the hospital at attending physicion.

TO HOSPIT VR A1S (4) 15M 9/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

	01	4 U	T+	CERTIFI	CATE	OF DEATI	H			- ()	61	57
	PLACE OF DEATH				2	USUAL RESIDENCE	Where decease		on: Residen	ce befor	e admissi	ion)
	Washing	ton		MARYLA	ND	o. STATE	1	Washin	gton			
	b. CITY OR TOWN (If RURAL ond give ne	autside carporate limi	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	f outside corpo	prote limits, write R	URAL ond	jive near	rest tawn)
H	agerstow			1 Yr		Hager	stown		0	3		
		AL (If nat in haspital, g	ive street	oddress)		d. STREET ADDRESS					. IS RESI	DENCE FARM?
	Martin	Manor Nu	ırsi	ng Home		23 West	t Wash	ington	St	1		NO T
3.	NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Day	, Y	rear .
	DECEASED (Type or print)	BERTHA		NAOMI	т	OMS	OF DEATH	Nav 9	196	1	1	9
S. S	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	1	PATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
F	'emale	White	WIDOWI	DIVORCED	J.	ulv 18 18	385	75 yrs.	Months	Days	Hours	Min.
_	. USUAL OCCUPATIO	N (Give kind of work	lane 10b.	KIND OF BUSINESS OR	INDUSTR'			country)	12. CITI	ZENOF	WHATC	OUNTRY?
	Housewor	ing life, even if retired		Own Home		Foxville	Fred	Co Md.		US	SA	
13. FATHER'S NAME				4. MOTHER'S MAIDEN					021	P 71.		
William E. Toms				194	Hannah	Ruhnmo	n					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO		Dallima	Addi	ress			-
(Yes	NO	f yes, give war or dates of s	ervice)	None	Del	mar Toms	23 100	st Wash	inot	0 00 (2.4	
		TH [Enter anly one co	use per lir	ne far (a), (b), and (c).		/ 11	erstow	7 . 4	THEM	INTE	RVAL BE	TWEEN
	THE RESERVE THE RE	H WAS CAUSED BY:	/	Intersection	Tu /	Lent Bris	ere	Thekling.	ac Chos	ONSI	ET AND	DEATH
	2/2	DUE TO		1	- //			OR K	idaei	1	70	7-
	Conditions, if or	which \		Husets	tuck	Pihi-		U			14,	,
	gave rise to in	mediate (N del or o			1			-	Tr	
	couse (o), stoting t lying couse lost.	he under-		thetakars	euro (ordiovas	c. the	enc		1	14N	-
Z		ER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 15	WAS A	AUTOPSY
ATIC				EE						1-1	PERFO	RMED?
JFIC.	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter noture of injury i	in Port 1 or Por	rt II of item 18.)			120	140 🗀
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH										
	20c. TIME OF INJURY	Month, Day, Yea	r 20d. It	NJURY OCCURRED 20	De. PLACE	OF INJURY (Hame, fa	arm, 20f. (Cit	y or town)	((County)		(State)
MEDICAL	Haur g. m.	19	While of wor	Nat while	foctor	y, street, office bldg., o	etc.)	1		,,		
2	p. m.				- 6	- ALV	60	HA. C	6	51.		
9	/ /		attend	ed the deceased fr		7	9 ta_	growy 7	, 19_9	/		we) last
	saw the decease	ed alive on	ion,	Z 19/, and th	nat dea	th accurred at	M, fram	the causes an	d an the	date		
	220. SIGNATURE	1/8,1/				ATTENDING	MED.	STAFF			7	SIGNED
	222. PHYSICIAN'S	//-//vece	leno	~	M.E		DIRECTOR	PHYS.	G.		1/	0/0
	NAME (Type)	Philip I	H4 me	shman, M.D.				Washingto		•		
		LITTIP 9.	UTUS	omment, Fr.D.		1	dagerst	own, Mar	yLand			

Burial, CREMATION, 23b. DATE THEREOF
REMOVAL (Specify)
Burial Lay 11 1961 Rose

23c. NAME OF CEMETERY OR CREMATORY Cemetery 23d. LOCATION (City, town, or county)

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS andrew K. Coffman Hagerstown Md. 250. REC'D BY REGISTRAR DATE

OWN Wash Co arthur S. Kraus

TO HOSP! VR A15 (4) 15M 9/59

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	same of the period		Attitude (manus)
	and the said that the state of	Talloga.g.g.	*91,
		NY INSCRIPTO	
	of a Section Assessed	11-1-12-1-12	
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			N. S. S. K. P. S. L.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	IMORE 1, MARYLAND
6171	CERTIFICATE OF DEATH	06158
LACE OF DEATH	2. USUAL RESIDENCE (Where deceased a. STATE	livad, If institution: Rasidenca before adm

a. COUNTY		a. STATE	b. COUN	nstitution: Kasidenca before admission)				
Washington	MARYLAND	Mary.	land	Washington				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporata limits, writa	RURAL and give nearest town)				
Hagerstown	Life	Hage:	rstown	03				
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?				
Washington County Hospit	al	202 Buena	Vista St.	YES NO				
3. NAME OF DECEASED (Type or print) DONALD	GLENN TR	OXELL, JR.	4. DATE Month OF DEATH May	19 19 61				
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED TE B	. DATE OF BIRTH	9. AGE (In years					
male white wido	WED DIVORCED M	ay 18, 1961	last birthday) yrs.	Months Pays Hours Min.				
done during most of working life, even if retirad) NONE 13. FATHER'S NAME	. KIND OF BUSINESS OR INDUSTR	Hagersto	wn, Maryland	12. CITIZEN OF WHAT COUNTRY				
Donald Glenn Troxe			llis Kauffman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewarordatesofservice)		NFORMANT	Address					
no	none Dè	nald Glenn T	roxell Hagers	town, Md.				
1B. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	13 + 1 4	asis - s	evere	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which (b)	Prem	aturity		32 hrs.				
(a), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS C	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item 18.)					
Hour a.m.	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State)							
21. I certify that (I) (this hospital) att	110 11	,		9, 194.1, that (I) (we) lass and on the date stated above				
220. SIGNATURE SOCOL 22c. PHYSICIAN'S	J. M		MED. STAFF DIRECTOR PHYS. [5/22/6/SIGNED				
NAME (Type) A. M. B.	con, gr.		Hazers to	tun, Md				
23m. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. EOCATION (City, tow	44				
Burial 5/22/1961	Rose Hill Cem		Hagerstown,	Maryland				
Suter-Rouzer Funeral Hon	ADDRESS Hagerstown M		Y 23 '61 CL	Elma S. Kraus				

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e.,	has forest			nomina	n'an
	Remark Special				not
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		Tandamin)			Le fren

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCE

CERTIFIC

MARYLA

Middle

DIVORCED

FARMING

16. SOCIAL SECURITY NO.

c. LENGTH OF STAY IN

7. MARRIED TINEVER MARRIED

WIDOWED [

	TE OF DEATH	MORE 1,	MARYLA	ND		111	815	()
ND	2. USUAL RESIDENCE (Who o. STATE	ere decease		institutio OUNTY	WASI		re admissi	on)
1Ь	c. CITY OR TOWN (IF or RURAL	utside corpo			URAL and	give nec	rest town)
	d. STREET ADDRESS RT 2 CLEAR S	SPRINC	,		1		e. IS RESI ON A YES	FARM?
TRU	Last JMPOWER	4. DATE OF DEATH		Man:	th	Da	'	96T
D I	B. DATE OF BIRTH APRIL 5, 18 STRY 11. BIRTHPLACE (Stote of		9. AGE (I lost bir 74	n years thdoy) yrs.	Manths	Days	Hours	R 24 HRS. Min.
	WASH, CO	MD.				U.S.	Α.	
17. IN	RHULE I	REPP		Addr	ess	5,5	30	
ti	MRS GRACE	TRUMI	POWER	ing	LSP	INT	RD. BERVAL BE SET AND Slay Letter AND Letter AND	
BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PA	RT 1(o) 1	9. WAS A PERFO YES [AUTOPSY RMED? NO
URRE	D. (Enter noture of injury in P	ort I ar Pai	t II af item	18.)				
	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		y or town)			(County)		(Stote)
am nat d	leath accurred at 6/			/				

20a. ACCIDENT WAS UNDERLYING A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED Haur a.m. Nat while at wark

6172

WASHINGTON

COUNTY HOSP.

during mast of working life, even if retired)

FARMER

RUBAL and give nearest town)

b. CITY OR TOWN (If autside corposate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

DAVID

WHITE

I. DEATH WAS CAUSED BY:

6. COLOR OR RACE

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

S. ARMED FORCES?

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

First

1 PLACE OF DEATH a. COUNTY

WASH. COUN

NAME OF

S. SEX

MALE

(Type or print)

RETTRED

15. FATHER'S NAME

(Yes, no, or unknown

15. WAS DECEASED EVER IN U

Conditions, if ony, which

gove rise to immediate

cause (o), stating the underlying couse lost.

M.D.

21. 1 certify that (1) (this haspital) attended the deceased fr saw the deceased alive an

at wark

20b. DESCRIBE HOW INJURY OCC

22d. ADDRESS

22a. SIGNMATURE

ATTENDING PHYS. DIRECTOR - 22b, DATE SIGNED

22c. PHYS/CIAN'S NAME (Type)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

ST. PAULS

23d. LOCATION (City, town, or county)

STAFF PHYS.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE F. CLARK

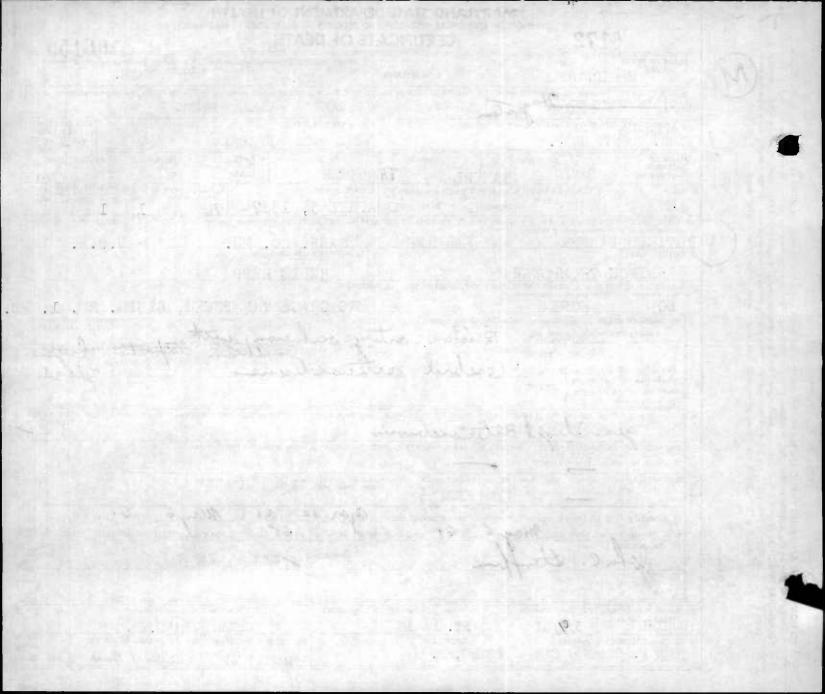
ADDRESS CLEAR SPRING.MD. 2So. REC'D BY REGISTRAR

CLEAR

25b. REGISTRAR'S SIGNATURE Culling S. Krous

SPRING.MD.

VR A15 (4) 1SM 9/S9



may be if sed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. after death. Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho.

TO HOSPITA

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6173

CERTIFICATE OF DEATH

1	Reg.	Dist.	No.	0.63	1	0.	ŧ
			hefore				

1) !	PLACE OF DEATH D. COUNTY To a balance on	MARYLAND	a. STATE	ere deceosed lived. If institutio b. COUNTY		mission)			
	<u> </u>	Washington D. CITY OR TOWN (If outside corporate limits, write		Penna		Franklin	V			
		RURAL ond give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	Waynesb	utside corporate limits, write RU	JRAL and give nearest	X -3			
		d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	010	e. IS	RESIDENCE			
1		Washington Co.	Hospital	46 N. Fra		YES	N A FARM?			
		NAME OF DECEASED (Type or print) First ERNEST	WILLIAM TR	UMPOWER!	4. DATE OF DEATH MAY Month	^h 5 Doy	Yeo 61			
	S. S	Male White WIDOW		B. DATE OF BIRTH Oct. 2. 1905	9. AGE (In years lost birthday) 55 yrs.	Months Days Ho				
	100	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WI	HAT COUNTRY?			
	-	during most of working life, even it refired]	airchild Aircra			U.S.A.				
	_	FATHER'S NAME	ALIONALA MANON	14. MOTHER'S MAIDEN N.		0.D.A.				
1		Harry Trumpower		Cecelia Re	od					
36	15.		SOCIAL SECURITY NO. 117. I	NFORMANT	Addre	A44				
1		, no, or unknown] [If yes, give wor or dates of service]					-			
		no /		rs. Ernest W.	Trumpower	Waynesboro				
		18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: ANEUI	RYSM OF THE	COMMON HEPA	TIC ARTERY	ONSET A	ND DEATH			
		IMMEDIATE CAUSE (o)		CORNATION	TTO ARTER	60 1	IOURS			
		C. P								
		Conditions, if any, which (b) RIGHT VENTRICULAR HYPERTROPHY WITH FAILURE ONE DAY								
		coese (o), stating the under-	IL MONADY EMD	HYSEMA SEVE	DE	UNKI	IOMN			
	7	/ (c)								
	2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. W.	AS AUTOPSY REQRMED?			
4	CA	NONE YES NO								
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Part II of item 1B.)					
	MEDICAL		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f, (City or town)	(County)	(State)			
	MED	Hour a.m. While of wor		ctory, street, office bldg., etc.)						
			MAY 2	,61 . MA	Y 5 61	,that I last saw ti				
		21. I certify that I attended the deceas	1 , and that death							
		alive on 1	and that death		M, from the causes or	nd an the date st				
		ACTUAL SIGNATURE SULLIN CODEN CE	Ten	M.D	DDRESS (Street, city or town, s	tote)	DATE SIGNED			
		PHYSICIAN'S ARCHIE ROBERT	COHEN, M.D.	CLEAR S	PRING, MD.	MAY 7,	1961			
1	220	Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 5/8/61	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	,,	itole)			
1	23	Burial 5/8/61 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	au- necto	Hagerstown	Maryland				
V	-5.	21-11 11 11		240. REC'D		thing & Three				
	_	nucle 9 mins "	laynesboro, Per	DATE PART		, <u>A</u> , , , , , , , , , , , , , , , , , , ,				

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O. WAY 7, 1961		HEER ROTERT CHEN, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6171 CERTIFICATE OF DEATH

25,196

24. FUNERAL DIRECTOR'S SIGNATURE

1300NS130RO

MD.

ADDRESS

JOONS BORD

	6174	CERTIFICA	TE OF DEATH	1	16161
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased o. STATE		before admission)
	WASHINGTON	MARYLAND	NIARYLAND	b. COUNTY WASHINGT	oni
	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and giv	e nearest town)
	KEEDYSVILLE RURAL	24EARS	MEEDUSVIL	LE - RURAL	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	KEEDYSYILLE MD.	R.I	KEEDYSYILLE	MD. R.1.	YES NO
	NAME OF First	Middle	Lost 4. DATE OF	Month	Day Year
	(Type or print)	BENJAMIN	WACNER DEATH	MAY 21	19.61
5. 5	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOW	ED DIVORCED	FEBRUARY . 16. 1909	52 yrs. 3	6
10a	. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZE	NOF WHAT COUNTRY?
	MECHANIC,	GARAGE	BOOKSBORO VV	ASH. Co. MID. 4.	S.A .
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	BENJAMIN V	VAGNER	EMMA	DAVIS	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	NO 2	14-03-6267 NI	RS KACHAEL WAC	NER KEEDVOY	ILLEMD.R.
	18. CAUSE OF DEATH [Enter only one couse per li	ine far (a), (b), ond (c).]	4 . 2 4 .		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tardio M	. College		MM
	420.1 DUE TO	8	~ 10	1	, ,
	Conditions, if any, which) (b)	army	Occum	sho	NW
	gove rise to immediate DUE TO	011	0	^1	AMO
	lying couse lost. (c)	CANCEL	1 scen	VIM	140
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(0) 19. WAS AUCOPSY PERFORMER?
CAT					YES NO
RTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Por	t II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				10 L P 1 L P 1
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While	· fo	ACE OF INJURY (Home, farm, 20f. (City ctory, street, office bldg., etc.)	or town) (Co	unty) (State)
ME		rk at work			
	21. I certify that (I) (this haspital) attend	ded the deceased fram	19 ta	19	that (1) (we) last
	saw the deceased alive an	19 and that o	death accurred atM, fram	the causes and an the	date stated abave.
	220. SIGNATURE	Disk			22b. DATE SIGNED
	~ Our	MMI	M.D. ATTENDING MED.	STAFF PHYS.	5 23
	22c. PHYSICIANS NAME (Type)	Chit	22d ADDRESO	(take	y 1 1-21
	504/3	- 1 9 1 1	1/1/2	O MATTON C	W Vo
23c	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCA	TION (City, town, or county)	(Stote)

EMETER

DATE

DONUBORO

25b. REGISTRAR'S SIGNATURE

Cirthun S. Kraus

25a. REC'D BY REGISTRAR MAY 3 1 '61

TO HOSPIT VR A1S (4) 15M 9/59

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3		0 7 8 O	CERTIFICA	IL OI DLAIII			10103
4 /8		PLACE OF DEATH	em y Film GZC7	2. USUAL RESIDENCE (WI	ere deceased lived.	If institution: Resid	lence before admission)
X	(o. COUNTY	MARYLAND	d. SIAIE		. COUNTY	
-	t	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		VASHING	
		RURAL and give nearest town)		0 3			,
	-	d. NAME OF HOSPITAL (If not in haspital, give street	3 Hours	d. STREET ADDRESS	GI=12ST	OWN	e. IS RESIDENCE
21		OR INSTITUTION	dudiess	d. STREET ADDRESS	-	04	ON A FARM?
0/		WASH . Co. HOSPI	TAL	I THE EAST	+1.RST	5/-	YES NO
		NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Day Year
	((Type or print) HAIRIV	L W	EAVER	DEATH	VIAV-7	196
	S. S	SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI	bythday) Manths	ER 1 YEAR IF UNDER 24 HRS
		MALE WHITE WIDOW	/ED DIVORCED	DECEMBER . 15	8.1877 83	85 yrs. 4	19 Hours Min.
	10a	u. USUAL OCCUPATION (Give kind af work done 10b during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. C	ITIZEN OF WHAT COUNTRY
	1	ETIRED TARMER	As ". d	RENEVAL	A WASH	CO. MD.	4:2:11
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN			4.07
		DETER SOLD III	EAUCE	E1170	BETH	TRAN	
	is.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, II	NFORMANT		Address	
	/Yes	s, no, or unknown) (If yes, give war or dates of service)	NOME AN	20 11 11 10	1000111	2 EAST +	IRST ST.
-		NO	NONE IN	KS. TLOYD C	OFFILT	MAGE	RATOVUN /YIL
		PART I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).	-+1	1		ONSET AND DEATH
		IMMEDIATE CAUSE (a)	resenter	c /hre	mbo	112	5554
		9500 DUE TO	1 1	1			
		Canditions, if ony, which) (b)	Arterio	sclarosi	1 -50	L	141.
		gave rise to immediate DUE TO					
		lying cause lost. (c)					
	N O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CON	DITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
-	CATION	Rheumatic	Heart	259110	2 -	0/2.	YES NO
2	TIE	200. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II af i	tem 18.)	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	3	20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, form		vn)	(County) (State
	MEDI	Hour a.m. While p. m. 19 of wo		ctory, street, office bldg., etc	.)		
	~			7 DM 1/2 - 7	11 110	M M 7	<i>[</i>]
		21. I certify that (I) (this hospital) atten	//	1 00 1		/	£1_, that (1) (we) las
		saw the deceased alive an May	19 <u>6</u> and that a	death accurred at//:13	M, fram the c	auses and an t	
		220. SGN/TURE	n	ATTENDINGM	ED STA	FF	276. DATE SIGNE
1		Claral a. / la	11/200	M.D. PHYS.	RECTOR PHY	rs. 🗆	3/7/6/
		22c. PHYSICIAN'S NAME (Type)	ter -	22d. ADDRESS 2	4 14.0	otomi	cc: 1,t -
		LIOYA A P	ortmen	H 5 8	- e h J ;	tous	, hid
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town, or county	y) (State)
0	1	BURIAL MAY.10.1961	BOONSBOR	O CEMETERY	1300 NSB	ORO WAS	H. CO.MD.
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
1		Mahu Hillast	13000190	DA MD DATE M	AY 15 '61	arthur	8. Kroud

TO HOSPITATE DRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hracitier death. Page 4 may be retained by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. PR. LLOYD. A PLAFFM. N. Po VR A1S (4) 1SM 9/59

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O DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any demails necessary, please exe-	shou		O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior ta burial, crema <u>tion,</u>
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necessary, tor. Page ir ta burial			cave town	
s necestror.	V	-	I. NAME OF HOSPITAL	-
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l, 2, may b		13.	FATHER'S NAME	
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PA3.			18. CAUSE OF DEATH	
n 18. Crm PM3			PART I. DEATH Y	V
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word word I Exom		MEDICAL	20c. TIME OF INJURY	
dica dica	610	MED	Hour o. m. p. m.	
medical examiners: his certificate should be executed within 24 hours offer deoth. Lettificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Page 3 should be used as a burial-transit permit. File pages 1 and 2 with wol.			21. I certify that	
fificote, writ to the Chief DIRECTOR:	1		death resulted fr	(
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ertificate, v d to the Chi		-	ACTUAL SIGNATURE	
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A D T O	1		EXAMINER'S NAME (Type)	
cute the farward for FUNER		220	BURIAL, CREMATION, REMOVAL (Specify)	Ì
5 3 5 6 9	10)		Burial	ļ
/S. A15ME(5)		23.	FUNERAL DIRECTOR'S S	
5M 9/55	18.19		Andrew K	4
				4

	STATE DEPARTMENTS				18 Reg. Dist.	No. (161	6:
gton	MARYLAND	2. USUAL RESIDENCE (V		b. COUNT		before admiss	ion)
side corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside cor	porate limits, write	RURAL ond giv	e nearest town	n)
	7 Yrs	X Caveto	own				
OR INSTITUTION (If not in he		d. STREET ADDRESS		100		e. IS RES	FARM
t		Church	1 St				
First	Middle	Last	4. DATE	Mont	h D	lay Yea	or o
BENJAMIN	BISHOP WE	CLLER	OF DEATH	May 1	1961	19	
		DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER	24 HF
White wipowi	DIVORCED	Sept 19 18	381	last birthday) 79 yrs.	Months Day	s Hours	Min.
(Give kind of wark done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign	country) 1.d.	12. CITIZEN	OF WHAT C	OUNT
re, even il renied)	Retired	Wolfesvi			U	SA	
		14. MOTHER'S MAIDEN N	NAME				
. Weller		Mary I	. Gr	ossnick	le		
N U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN			Address			

	and give nearest town)			- m - 1	*	100	O						
-	Cavetow			7	rs	1	Cavete	own					
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	ital, give street o	oddress)	d. STR	EET ADDRESS						A FARM?
	Church	St				, Al	Church	n St				YES [J NO T
3.	NAME OF	Fin	ł	Mide	ile		Last	4. DATE	Mont	ħ	Day	Y	fear
	-DECEASED (Type or print)	BENJAMIN	7	BISHOR) INTE	CLLER		OF DEATH	May 1	196	7	1	9
5.	SEX	1		NEVER MA		200 -00			9. AGE (In years	-	R TYEAR		ER 24 HRS.
-			14.15.19						last birthday)	Months	Days	Hours	Min.
-	Male	White	WIDOWED	(Break)	CED	Sept		381	79 yrs.				
10	a. USUAL OCCUPATIO	N (Give kind of wark of life, even if retired)	Sone 10b, KI	ND OF BUSINES	S OR INDUST	near	THPLACE (Stote	or foreign	country) Ind.	12. CI	TIZEN O	F WHAT	COUNTRY
	Farmer			Retin	ced		lfesv:		73 . 0	0	US.	A	
13	B. FATHER'S NAME					14. MOTH	ER'S MAIDEN	NAME					
	John	D. Weller	,			10.50	Mary I	i. Gr	ossnick	18			
1 1	. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY	NO. 17. II	FORMANI			Address				
(A	NO	lif yes, give war or dates of :	service)	None	Non.	Hal	an M	Danah	are Ohme	- h C	_		
=		· fe · · · · ·			Line		en M.			OU 8	T .		
		H [Enter only one cau H WAS CAUSED BY:	se per line ro	ar (a), (b), one (1.]		avetor	MIU THO	•		ONSE	T AND DE	ATH
		IMMEDIATE CAUSE (0)		Coun	ary	Uce	luan	n			en	sto	2/
	1260X	DUE TO	1	,	10	1		0					
	Conditions, if on	y, which) (b)	1	and	Gu	terri	no	Tons	7		/	0 %	-
	gave rise to immed		7	1/2	1 ,					176		1	
	(o), stoling the u	(c)	(dies	etes						/	orga	
z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	ATRIBUTING TO	DEATH BUT N	OT RELATE	D TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	, WAS	AUTOPSY
CERTIFICATION												PERFO	ORMED?
5	20g. EXTERNAL CAU	SE WAS In	DESCRIBE	HOW INJURY C	CCUBRED (E	nter neture	at taluar ta Dar	4.1 B 1	1 -6 % 10 1			153 🖂	NO.
ERT	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING	D. DESCRIBE	HOW INJURY C	CCORRED. (E	nier nature	or injury in roi	n I or Pon I	or item 18.j				
_			Total Control		100								
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d. IN	Not while		CE OF INJU	IRY (Home, form	n, i 20f. (Cit	y or town)	(C	ounty)		(State)
ME	nour o.m. p.m.	19	at worl										
	21. I certify th	at I took charge	of the re	emains desci	ribed abo	ve, held	an Autops	у П, І	nspection A	7 Inqu	iry 🔲	. and	find that
	death resulted	from? Natural	causes 🗗	h Accident	☐. Sui	cide 🔲	Homicide		Indetermined	_			
21			\	×		,	riomicia	, LJ, ,	ilacioniilioa	_	٦.		
1	ACTUAL	1 /1.	10	11/2		Cu	IEE MEDICAL E	VALUED [(-	DATE S	SIGNED
	SIGNATURE	yell a	100	100		_M.D.	IEF MEDICAL E			3	///	,	
	EXAMINER'S >	7 - ^	-		9		SISTANT MEDIC			/	16	/	
	NAME (Type)	TEW	HI	172	D	DEF	PUTY MEDICAL	EXAMINER	2	//			
22	O. BURIAL, CREMATION	7, 226. DATE THEREO	F 2	22c. NAME OF	EMETERY OR	CREMATOR	Y	22d. LOC/	ATION (City, town,	or county)		(Stot	•)
)	Burial	5/3/61	100	Rose I	[11]	demet	erv	Has	erstown	Wale	h C		v.d.
23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC	D BY REGIS		STRAR'S S		RE	11117
	Andrew	K. Coffus	n Ha	rarata	m la		DATE	Y 4 1	61 a	Thur &	. France	A	
		VOLLIN	A A Cir	FOT POOL	110		DAIL						

MIADO TO STADRITHED	CAL EXAMINER'S	GIM a res
		FAX 6.590
		e opinion com the particular of the community of the comm
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06164

1. PLAC o. C	CE OF DEATH	Washingto	n n	MARYL		USUAL RESIDEN o. STATE Ma	CE (Where d	Ь	If institut			e odmission))
ь. C	ITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOW			nits, write f				
				Life	()	Э н	agers	town					
0	OR INSTITUTION	rstown AL (If not in haspital, getton Count		iddress)		d. STREET ADDR	RESS	High	way		•	ON A FA	RM?
DECI	ME OF EASED e or print)	John Lui	ther	Wiebel	Jr.	Last		DATE OF DEATH	Mo	ay 14	Day	Yeor	
S. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	8. 0	ATE OF BIRTH		9. AGI	E (In years	IF UNDER			
Ma	ale	White	WIDOWE	D DIVORCED	I Fe	bruary	28,	1914	bisthday)	Months	Days	Hours	Min.
10a. US dui	ring most of work Owne	ing lite, even it retired	dane 10b. k	Tavern		Hag	ersto	wn,	Md.	12. CITI;	ZENOF	WHATCOU	JNTR
13. FATI	HER'S NAME				1	4. MOTHER'S MA							
	John I	Wiebel	Sr.				na Ho	ckers					
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17, INFO					dress			iVi -
					Mrs	Murie	1 L.	Minni	ch	Hager	stw	on,	**d
C g co	PART I. DEA Sonditions, if or over rise to it ouse (a), stating ring cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under- (c)	Hep	e for (a), (b), and (c).] atic con te yellow	a atr					VENI INI DAD	4 4	days	8
CATIO		nonitis	DITIONS C	ONTRIBOTING TO DEA	111 001 140	T KEDATED TO TH	IL ILIMITANE	DISEASE COIN	DITION OF	VEIV IIV I AK		PERFORMI	IED?
U (IF	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (I	inter nature of in	jury in Part 1	or Part II of i	tem 1B.)				
MEDICAL 20c	Hour o. m.	Y Month, Day, Ye	While	Not while at work		OF INJURY (Hom , street, office blo		Of. (City or tow	rn)	(0	County)		(Stot
sa	w the deceas	t (1) (the showing	X attende y 14	ed the deceased to 19 61 , and	fram Me that dea	h accurred a	8:45a	from the c		nd an the	, the		bave
	a. SIGNATURE	Vi Tagn	n, h	8	M.D		MED.		FF rs.			16-6!	TONE
220	c. PHYSICIAN'S NAME (Type)	W. P. L	aymar	n, M.D.		22d. ADDRESS		rof es			_	Bldg	•
23a. BU RE	JRIAL, CREMATIO	5-17-		23c. NAME OF CEME Rose Hi				LOCATION (C			md.	(Stote)	
24. FUN	VERAL DIRECTOR	S SIGNATURE	at It is	ADDRESS			O. REC'D BY		2Sb. REG	ISTRAR'S SIG	SNATUR	ē	

TO HOSPI VR A1S (4) 15M 9/59

The Land of the La A STATE OF THE PARTY OF THE PAR of Allen House point the Sent threat in Alanden income been sano otavos Budalestia mitteemanty Layers, 2.5. 17 day 2 Pinc Professional Arthurstan postivios productions the property of the second to the second the second to the A Paper agreement of the same and a submitted to be a con-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

06165

0111	3	CEKTIFICA	AIE OF DEA	П			
	hington	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased aryland	lived. If institution b. COUNTY	on: Residence before Alle	1
b. CITY OR TOWN (If outside RURAL and give nearest tow ROUTE 10 in an d. NAME OF HOSPITAL (If no OR INSTITUTION	nbulance near	c. LENGTH OF STAY IN 16 C. Hancock Md ddress)	c. CITY OR TOWN Cumber d. STREET ADDRES	land		URAL ond give ne	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First Ruth		lost Woltz	4. DATE OF DEATH	May May	25	YES NO A
Female	White WIDOWED		Sept 3, 19	919	9. AGE (In years lost birthdoy) yrs.	Months Days	R IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, Housekeeper 13. FATHER'S NAME	kind of work done 10b. K even if retired)	At H ome		yland	untry)	105 (14)	J. S. A.
Joseph Is. WAS DECEASED EVER IN U.	J. Goodyean			tha Frost		ress.	
	war or dates of service)	W	Hilliam G. Wo	oltz	813 Yal Cumberl	ë Street	yland TERVAL BETWEEN
Conditions, if ony, whi gove rise to immedia couse (o), stoting the undulying couse lost. PART II. OTHER SIGN	DUE TO (c)	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH L EXAMINER)	RIBE HOW INJURY OCCURR			SLOT		IS NO
20c. TIME OF INJURY Mont Hour o. m. p. m.	th, Doy, Year 20d. IN. 19 While of work	Not while f	PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City ., etc.)	or town)	(County) (Stot
21. I certify that (I) (the saw the deceased ali	D - 2 77		death adoursed at	, 19 6_ , .ta M, fram	the couses an	/	
22c. PHYSICIAN'S NAME (Type)	thind	ler	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	57	27/6 C
	ay 28,1961	23c. NAME OF CEMETERY Greenmount	Cemetery	Cumbe	ION (City, town, o	Maryla	
24. FUNERAL DIRECTOR'S SIGNA Ruth E. Silc		ADDRESS rland Ma	aryland DATE	REC'D BY REGISTI	104	STRAR'S SIGNATI Duthun S. A	

		FARE CHOOL STAT		
		Daines .	april	
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	Posette refer (15)			
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	telephological participation of	1 10 10 17		
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VR A1S (4) 15M 9/59

6179

MARYLAND STATE DEPARTMENT OF HEALTH

DI

CERTIFICATE OF DEATH						
Jane Letter I a	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before a				

1. PLACE OF DEATH o. COUNTY	NIM SIZ		MARYI	AND	2. USUAL RESIDENCE (W	- b (institution: Res	
Washington MARYLAND				Maryland Allegany /				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hancock 7 Days			734 Baker St. Cumberland, Md.					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
Hanco	ck Rest F	Iome			734 Bake:	r bt.	0 55	YES NO X
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Month	Day Year
(Type or print)	David		Peneltor	1	Ziler	DEATH	5	1 1961
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	0 0 8	DATE OF BIRTH	9. AGE (In years IF UN rthday) Mont	DER 1 YEAR IF UNDER 24 HRS.
M	W	WIDOWED		_	4/16/1869	92	yrs.	hs Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b. K	IND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (State	ar foreign country)	12.	CITIZEN OF WHAT COUNTRY?
	reck Mast	_	Railroad		Doe Gully	v. W. Va.		U.S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
Wilson Ziler				Elizabeth Cosgrove				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT		Address	
no	(ii yes, give war or adios or			Mr	Edward G	ay Ziler,	Cumbe	rland, Md.
18. CAUSE OF DE	ATH [Enter anly one co	ouse per line	for (o), (b), and (c).]		1			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED 8Y:	Con	enny	oca	lusion			ONSET AND DEATH
412	DUE TO							
Conditions, if	243	11	HD					20 mes.
gave rise to	immediate (170	11 11		- 0 male 1			- 0
couse (a), stating)						
lying couse lost.	. , ,							
PART II. OT	HER SIGNIFICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
CA					F-91-75.02%			YES NO
PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A	20b. DESCI	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port II of ite	n 18.)	
	MEDICAL EXAMINER)							
20c. TIME OF INJU Hour a.m.	RY Manth, Doy, Ye	ar 20d. IN. While	Not while	20e. PLA	CE OF INJURY (Hame, farrary, street, office bldg., etc.	n, 20f. (City or town)		(County) (State)
₩ p. m.	19	at wark						
21. I certify the	at (I) (this haspita	l) attende	d the deceased i	fram 4	L-29 19	61 to my	/1	961, that (1) (we) last
	sed alive an 4-	29	4 1		and the same of th	4		the date stated above.
226. SIGNATURE	1	2 - 4	n	mar ac	dill discorred die	in the case	Jos and on	22b. DATE
Franks	Thomas III.	Mil	X .	М		IED. STAFF		5-1-6 SIGNED
22c. PHYSICIAN'S	BTHON	YAS -	I MI, D	,	22d. ADDRESS HANCO	OCK		Md.
23a. BURIAL, CREMATIC		OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATION (Cit	y, town, or cour	ity) (Stote)
Burial (Specify	May 4,	1961	SS.Peter	& :	Paul Cemet	rv Cumb	erland	, Md.
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	h			Sb. REGISTRAR"	
James F.	Scarpell	i, Ci	umberland	l, M	d. DATE M	AY 3 '61	Ciriling	S. France

